DEPT.-65

JOB- 28

REEL-27

CITY OF BALTIMORE

HEALTH DEPT.

BUREAU OF

VITAL STATISTICS

BIRTHS

BEGINNING 1875

KP 23907

CITY HALL

BALTIMORE 2, MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

DECLARATION OF INTENT

THE CITY RECORDS MANAGEMENT OFFICER HEREBY DECLARES THAT THE RECORDS MICROFILMED HEREIN, ARE ACTUAL RECORDS OF THE DEPARTMENT OF HEALTH BUREAU OF VITAL STATISTICS CREATED DURING THE NORMAL COURSE OF BUSINESS AND THAT THE MICROFILM WILL BE INSPECTED TO ASSURE COMPLETENESS OF COVERAGE, AND THAT:

THE MICROFILMING OF THE RECORDS IS ACCOMPLISHED AS PROVIDED FOR IN REQUEST FOR RETENTION PERIOD, AUTHORIZATION NO. 346 AS APPROVED BY THE RECORDS COMMITTEE IN ACCORDANCE WITH ORDINANCE NO. 1096 APPROVED BY THE MAYOR ON JUNE 4, 1954.

FORM RM-1 (11-55) RETAIN—PERM

REQUEST FOR RETENTION PERIOD

To: Records Management Officer
Room 408, City Hall, Baltimore, 2, Md.

Authorization No. 346

Department: Health

Bureau: Vital Statistics

Record Identification

1. TITLE:	2. Form No. if available	3. Type—(cards, paper, etc.)
Certificate of Live Birth		Bound Book

4. Dates	5. Volume accumulated yearly	6. Size of Record	7. Number of copies made
		Misc.	

8. Authorization Requested (check only one (1) of the squares below)

A. ☐ Establish retention period for records which are accumulating daily.

B. ☐ Dispose of present accumulation, no additional accumulation anticipated.

C. ☐ Microfilm and destroy originals.

D. ☒ Microfilm and retain originals for length of time indicated below.

9. Recommended Retention Period a. In Dept.	b. In Storage Center	c. Total	10. Equipment and space freed.	11. In your opinion does this record have any historical significance?
70 yrs.	Micro. Perm.	70 yrs. and Micro. Perm.		YES ☐ NO ☒

12. DESCRIPTION OF RECORD: (describe accurately and show recommended retention period.)

These are vital records known as Certificates of Live Birth, required by statute to be registered with the Baltimore City Health Department within several days after the occurrence.

RETENTION PERIOD REQUESTED: Microfilm all Certificates in duplicate retaining the film permanently, and store the duplicate rolls of film for security purposes.

Retain original birth certificates Seventy (70) years after date of registration, and then destroy after microfilming.

Department or Bureau Approval — Title: Commissioner of Health — Robert E Farber — 3/28/63 Date

Recommendation of Records Management Officer

13. Recommended Retention Period a. In Dept.	b. In Storage Center	c. Total	14. Disposal Method A. To be sold as scrap or waste paper	B. To be Burned or shredded	C. Historical, (to be transferred to Dept. of Legislative Reference.)
70 yrs.	Microfilm Permanet	70 yrs. and Microfilm Permanent	☐	☒	☐

REMARKS:
2 negative Rolls
+ Positive Roll

C P Poole — Records Management Officer — 3/28/63 Date

APPROVALS OF RECORDS DISPOSAL COMMITTEE

KINDLY RETURN TO: RECORDS MANAGEMENT OFFICER
ROOM 408, CITY HALL, BALTIMORE 2, MD.

1. APPROVED: CITY AUDITOR

2. APPROVED: CITY SOLICITOR

3. APPROVED: CITY COMPTROLLER

4. APPROVED: CITY TREASURER

5. APPROVED: DIRECTOR, DEPT. OF PUBLIC WORKS

6. APPROVED: DIRECTOR OF THE MUNICIPAL MUSEUM

7. APPROVED: DIRECTOR, DEPT. OF LEGISLATIVE REFERENCE

KP 23907

FILED ON FILM

IN

NUMERICAL ORDER

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 1901

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* 3rd December
4. *Place of Birth (Street and Number),* 414, Forest St
5. *Full Name of Mother,* Maggie Fahey
6. *Mother's Maiden Name,* Maggie Farrell
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Mark. Fahey
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return. Ann Taylor Mudnight

Address, 41 Guilford Alley

Remarks,

Register of such birth, and shall enter the same on a blank schedule furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 16902

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* December 3rd 1889.
4. *Place of Birth, (Street and Number)* 1130 Barclay St.
5. *Full Name of Mother,* Elizabeth J Seltzel
6. *Mother's Maiden Name,* " " Cockley
7. *Mother's Birthplace,* Sunbury Pa.
8. *Full Name of Father,* William H Seltzel
9. *Father's Occupation,* Brakeman.
10. *Father's Birthplace,* New Oxford Adams Co Pa

Name of Medical Attendant, or other person who makes this Return. Mrs L Worden

Address, 936 Greenmount Av

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 1690

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 th

1. Sex, (state whether male or female) Name: Charles William Rauschenbach Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, December 3 th 1889
4. Place of Birth, (Street and Number) 1405 west Baltimore Street
5. Full Name of Mother, Minna Rauschenbach
6. Mother's Maiden Name, Minna Harper
7. Mother's Birthplace, Lime Kamp-Braunschweig-Germany
8. Full Name of Father, John Eugart Rauschenbach
9. Father's Occupation, Shoe Store
10. Father's Birthplace, Ehrenberg Sachs Altenburg Germany

Name of Medical Attendant, or other person who makes this Return, Susan Burns

Address, 23 d Baltimore St

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A. 16904

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex,* (state whether male or female) female

2. *Race or Color,* (if not of the white race) Colored

3. *Date of Birth,* Dec 4-1889

4. *Place of Birth,* (Street and Number) 410 W Hamburg st

5. *Full Name of Mother,* Frances Johnson

6. *Mother's Maiden Name,* "

7. *Mother's Birthplace,* Essex Co Virginia

8. *Full Name of Father,* Thomas Potts

9. *Father's Occupation,* Farmer

10. *Father's Birthplace,* Essex Co Virginia

Name of Medical Attendant, or other Person who makes this Return Willie White

Address, Number 1. New York Building King st cond-

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

a blank schedule, to be furnished by the Commissioner of
register of such birth, and shall enter the same on a bl
Health. This schedule shall contain a list of the births
month, and shall set forth as far as the same can be ascer
been conferred) its sex, color, the full name and occupatio
said schedule shall be delivered, duly signed by the practit
third day of each and every month to the office of the Co
shall occur without the attendance of a physician or prac
attendance upon the mother, immediately thereafter it sh
child to report its birth to the Commissioner of Health, in
any such person or persons who shall hereafter fail to co
jected to the fine of ten (10) dollars for each offense, to be

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 16905

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Dec 4
4. *Place of Birth, (Street and Number)*	913 ½ Bond St.
5. *Full Name of Mother,*	Francis Rehberger
6. *Mother's Maiden Name,*	" Geng
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Louis Rehberger
9. *Father's Occupation,*	Tailor
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs Ulrika Goetzke
Address,	114 S. Bond St.
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 16906

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether male or female),* female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* Dec 4th December
4. *Place of Birth (Street and Number),* 631 Hill Light st
5. *Full Name of Mother,* Mary A Householder
6. *Mother's Maiden Name,* Mary A Malone
7. *Mother's Birthplace,* W Va Mineral Co
8. *Full Name of Father,* Andrew Householder
9. *Father's Occupation,* fireman B & O
10. *Father's Birthplace,* Morefield Hardy Co W Va

Name of Medical Attendant, or other person who makes this Return. Ann. Taylor. Mechanic

Address, 41 Eastern Ave

Remarks,

register of such birth, and shall enter the names of the children in the order in which they were born.
This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred, its sex, color, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A 16907

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether ~~Male~~ or Female)	White
2. Race or Color (if not of the white race)	
3. Date of Birth	Dec 4th 1899
4. Place of Birth (Street and Number)	# S. Eden 81
5. Full Name of Mother	Louise Lindemann.
6. Mother's Maiden Name	Louise Stroll von Flake.
7. Mother's Birthplace	Germany.
8. Full Name of Father	Ethal Ernst Lindeman
9. Father's Occupation	Tile Roofer
10. Father's Birthplace	Rouf sur Sei Moselle Lothringen
Name of Medical Attendant. or other Person who makes this Return.	J. M. Lewchuce M.D.
Address	1406 E. Baltimore St
Remarks	City

Baltimore under whose [illegible] on a blank schedule to be furnished by the Commissioner of Health, and shall enter the same on a register of such birth, and shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 16908

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	4th Dec
4. *Place of Birth, (Street and Number)*	933 E Eager st
5. *Full Name of Mother,*	Margret Farrell
6. *Mother's Maiden Name,*	Mc Cabe
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	Michl Farrell
9. *Father's Occupation,*	Saloon Keeper
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other person who makes this Return.	Mrs Julia Groony
Address,	940 N. Gay st
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 1909

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th Child
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	4th day of December 1859
4. *Place of Birth, (Street and Number)*	709 Columbia ave
5. *Full Name of Mother,*	Johannah Rosanna Schlerf
6. *Mother's Maiden Name,*	J. Rosanna Mahr
7. *Mother's Birthplace,*	Baltimore City
8. *Full Name of Father,*	Ingelvir Schlerf
9. *Father's Occupation,*	Baker
10. *Father's Birthplace,*	Germany.
Name of Medical Attendant, or other person who makes this Return.	Susan Hunter
Address,	23 N. Paynelton St
Remarks,	

a blank schedule to be furnished by the ... register of such birth, and shall enter the same on a blank ... births which have occurred under his or her care during the ... Health. This schedule shall contain a list of the births which ... ascertained the full name of each child, if any shall have ... month, and shall set forth as far as the same can be ascertained ... pation of its parents, the date and place of birth, and the ... been conferred; its sex, color, the full name and occupation ... said schedule shall be delivered, duly signed by the practitioner ... third day of each and every month to the office of the Commissioner ... practitioner of midwifery, or should no other person be in ... shall occur without the attendance of a physician or practitioner ... it shall become the duty of the person or parents of such ... attendance upon the mother, immediately thereafter. It shall ... h, in the manner and within the period above required, and ... child to report its birth to the Commissioner of Health, in the ... to comply with the provisions of this section shall be subject ... any such person or persons who shall hereafter fail to comply ... jected to the fine of ten (10) dollars for each offense, to be recovered ... other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 16910

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Children 8 &c
1. *Sex, (state whether male or female)*	State of MD Male
2. *Race or Color, (if not of the white race)*	colored
3. *Date of Birth,*	December 4 1889
4. *Place of Birth, (Street and Number)*	918 frear ally
5. *Full Name of Mother,*	Sarah Thomas
6. *Mother's Maiden Name,*	Sarah Dane
7. *Mother's Birthplace,*	Calvert County MD
8. *Full Name of Father,*	John Henry Thomas
9. *Father's Occupation,*	Waiter
10. *Father's Birthplace,*	Baltimore City
Name of Medical Attendent, or other person who makes this Return.	Celestia Cook
Address,	108 Shields ally
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 1911

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	Dec 4th
4. *Place of Birth, (Street and Number)*	668 Chestnut Alley
5. *Full Name of Mother,*	Rebecca White
6. *Mother's Maiden Name,*	Rebecca Monroe
7. *Mother's Birthplace,*	Georgia
8. *Full Name of Father,*	James White
9. *Father's Occupation,*	Oyster Shucker
10. *Father's Birthplace,*	Virginia
Name of Medical Attendant, or other person who makes this Return.	Celestian Cook
Address,	1008 Shields Alley
Remarks,	

Baltimore 1911

Every physician, midwife or other person who shall hereafter attend upon the birth of any child in the City of Baltimore shall, within ten days after the birth of such child, register the same on a blank schedule to be furnished by the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

DEC 10 1911

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A. 1691

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 4th 89
4. *Place of Birth, (Street and Number)* 2100 Wilkins ave
5. *Full Name of Mother,* Nellie McParland
6. *Mother's Maiden Name,* Nellie Corby
7. *Mother's Birthplace,* New York city
8. *Full Name of Father,* John M. McParland
9. *Father's Occupation,* Grocer
10. *Father's Birthplace,* New York City

Name of Medical Attendant, or other Person who makes this Return — W. W. Wright MD

Address, 220 N Gilmor St

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 1693

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Dec 4
4. *Place of Birth, (Street and Number)*	1453 E Fairmount St
5. *Full Name of Mother,*	Theresa Haupt
6. *Mother's Maiden Name,*	" Koerner
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Chas Haupt
9. *Father's Occupation,*	Barkeeper
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs Ulrika Goetzke
Address,	114 S Bond St.
Remarks,	

Baltimore must, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Baltimore under whose charge or superintendence a birth occurs, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 1694

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Dec 4
4. *Place of Birth, (Street and Number)*	705 N Gay St
5. *Full Name of Mother,*	Johanna Spanenberg
6. *Mother's Maiden Name,*	Johanna Wilhelmine
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Philip Spanenberg
9. *Father's Occupation,*	Merchant
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	
Address,	Hellmonda Stiefer
Remarks,	641 N Gay St

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 16915

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* December 4th 89
4. *Place of Birth (Street and Number),* 514 Robert St
5. *Full Name of Mother,* Mary F. Robert
6. *Mother's Maiden Name,* Mary F Taylor
7. *Mother's Birthplace,* Pittsburg Pa
8. *Full Name of Father,* Wilbur Robert
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Balto Co Md

Name of Medical Attendant, or other person who makes this Return. Dr Thomas

Address, 607 N Chas St

Remarks, Balto

Register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers

of Baltimore, under whose charge or superintendence a birth shall occur, to cause a blank schedule to be furnished by the Commissioner of Health to the parent or parents, or other person having charge of the mother, at the time of the birth of any child, and to cause the particulars required by such schedule to be correctly and exactly registered in a book to be kept for that purpose, as soon as the same can be ascertained, the full name of each child (if any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Tenth

1. Sex, (state whether male or female) Male A 1691

2. Race or Color, (if not of the white race) White

3. Date of Birth, February 7th 1888

4. Place of Birth, (Street and ~~Number~~) 1018 Hillman St.

5. Full Name of Mother, Mary E. Kearney

6. Mother's Maiden Name, Mary E. Dalton

7. Mother's Birthplace, Texas Md. & Co. Ill.

8. Full Name of Father, John A. Kearney

9. Father's Occupation, Driver

10. Father's Birthplace, Hartford Co. Md.

Name of Medical Attendant, or other Person who makes this Return P. G. Watson

Address, 1307 N. Central Ave

Remarks,

THOS. S. PEET & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 1697

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* December 4th 1889
4. *Place of Birth, (Street and Number)* 1032 A Mount Street
5. *Full Name of Mother,* Margaret Ann Randle
6. *Mother's Maiden Name,* Margaret Ann Winters
7. *Mother's Birthplace,* Ballemore County Md
8. *Full Name of Father,* Joseph Edward Randle
9. *Father's Occupation,* Farmer
10. *Father's Birthplace,* Sulphur Springs Ballemore County Md

Name of Medical Attendant, or other person who makes this Return, F. S. Field M.D.

Address, 642 A Fulton Ave Ballemore Md

Remarks,

a blank schedule, to be furnished by the ... register of such birth, and shall enter the same on a blank ... Health. This schedule shall contain a list of the births which have occurred under his or her care during the ... month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 1918

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (State whether male or female)* Male
2. *Race or color, (if not of the white race)*
3. *Date of Birth,* Dec 5th 1889
4. *Place of Birth, (Street and Number)* 719 Forrest St
5. *Full Name of Mother,* Hannah Fauble
6. *Mother's Maiden Name,* "
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Elmer E Fauble
9. *Father's Occupation,*
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return Geo B Reynolds M D

Address, 711 N Calvert St

Remarks,

Baltimore city, and shall enter the same on a blank schedule, to be furnished by him, in a register of such birth, and shall contain a list of the births which have occurred under his or her care during the month; and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for such offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A 16919.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7
1. Sex (state whether ~~Male~~ or Female)	1 White.
2. Race or Color (if not of the white race)	
3. Date of Birth	Dec 5th 1889
4. Place of Birth (Street and Number)	#1806 E. Baltimore St
5. Full Name of Mother	Lizzie Lockwell
6. Mother's Maiden Name	Lizzie Read.
7. Mother's Birthplace	Baltimore. Md
8. Full Name of Father	Jas M. Lockwell
9 Father's Occupation	Physician
10. Father's Birthplace	Baltimore Md,
Name of Medical Attendant, or other Person who makes this Return.	J. M. Lockwell M.D.
Address	#1806 E. Baltimore St
Remarks	

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Frederick William Amrhine

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) white

3. Date of Birth, 5 Dec. 1884

4. Place of Birth, (Street and Number) 934 W. Mulberry St

5. Full Name of Mother, Emma ~~Amrhine~~ Kummer

6. Mother's Maiden Name, "

7. Mother's Birthplace, Balto

8. Full Name of Father, Charles ~~Another~~ Amrhine

9. Father's Occupation, Baker

10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return. Mrs R Gilbert

Address, 852 Hollins St

Remarks, CERTIFICATE CORRECTED 3-26-52

Baltimore under whose charge or supervision the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 1621

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) Eight

1. *Sex,* (*state whether male or female*) Female
2. *Race or Color,* (*if not of the white race*) White
3. *Date of Birth,* December 5th 1889
4. *Place of Birth,* (*Street and Number*) No 231 N. Schroeder St
5. *Full Name of Mother,* Annie E Weber
6. *Mother's Maiden Name,* Annie E. Elliott
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Frank D. Weber
9. *Father's Occupation,* Porter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Susan Hartz

Address, 23 N Papenteen St

Remarks,

register of such birth, and shall enter the same on a blank schedule which shall be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 1622

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female),* male
2. *Race or Color (if not of the white race),*
3. *Date of Birth,* Dec 5th 87
4. *Place of Birth (Street and Number),* 1277 Bolton
5. *Full Name of Mother,* Bessie Moffett
6. *Mother's Maiden Name,* Julia C Bennett
7. *Mother's Birthplace,* Md Baltimore Md
8. *Full Name of Father,* Md Moffett
9. *Father's Occupation,* Trading Salesman
10. *Name of Medical Attendant,* or other person who makes this Return. Irishman

Address, W. N. Cox

Remarks, 1431 Eutaw St

Register of such birth, and shall enter the same on a blank to be furnished by the Registrar of Vital Statistics. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child. (If any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 16928

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th.
1. *Sex, (state whether male or female)*	Male.
2. *Race or color, (if not of the white race)*	White race.
3. *Date of Birth,*	Dec. 5/87.
4. *Place of Birth, (Street and Number)*	No. 1633 Elizabeth Lane.
5. *Full Name of Mother,*	Wilhelmine Dranenz,
6. *Mother's Maiden Name,*	" Bahrne
7. *Mother's Birthplace,*	Prussia.
8. *Full Name of Father,*	Michael Dranenz,
9. *Father's Occupation,*	Paver.
10. *Father's Birthplace,*	Prussia
Name of Medical Attendant, or other person who makes this Return.	Annie Jeanes
Address,	11.14 Light St.
Remarks,	Yours Respectfully.

the births which have occurred under his or her care during the
can be ascertained the full name of each child, (if any shall have
nd occupation of its parents, the date and place of birth, and the
y the practitioner in the form of a certificate between the first and
ce of the Commissioner of Health. In case the birth of any child
cian or practitioner of midwifery, or should no other person be in
reafter it shall become the duty of the person or parents of such
f Health in the manner and within the period above required, and
er fail to comply with the provisions of this section shall be sub-
ence, to be recovered as other fines and forfeitures are recoverable.

register of such birth and shall enter the same on
Health. This schedule shall contain a list of the b
month, and shall set forth as far as the same can b
been conferred its sex, color, the full name and occ
said schedule shall be delivered, duly signed by the
third day of each and every month to the office of t
shall occur without the attendance of a physician or
attendance upon the mother, immediately thereafte
child to report its birth to the Commissioner of Heal
any such person or persons who shall hereafter fai
jected to the fine of ten (10) dollars for each offence.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 16924

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Dec 7th 1889.
4. *Place of Birth, (Street and Number)* S. Caroline St between Pratt & Lombard
5. *Full Name of Mother,* Lizzie Siegrist
6. *Mother's Maiden Name,* Shuman
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Henry Siegrist
9. *Father's Occupation,* Shoker
10. *Father's Birthplace,* Balt

Name of Medical Attendant, or other person who makes this Return. Mc & Barnes

Address, 829 E Baltimore

Remarks,

name Henry Siegrist

on a blank schedule, to be furnished by the Commissioner of Health, and shall enter the same on a register of such births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 11926

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 4

1. *Sex,* (*state whether male or female*) male
2. *Race or color,* (*if not of the white race*) White
3. *Date of Birth,* Dec 5 1889
4. *Place of Birth,* (*Street and Number*) 826 Patterson Park ave
5. *Full Name of Mother,* angie ford
6. *Mother's Maiden Name,* angie todd
7. *Mother's Birthplace,* somerset county md
8. *Full Name of Father,* Edwin h ford
9. *Father's Occupation,* commission merchant
10. *Father's Birthplace,* somerset county md

Name of Medical Attendant, or other person who makes this Return mary conner

Address, corner potomac and dillion street

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Sixth A. 1926
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White.
3. *Date of Birth,*	Dec. 5, 1889
4. *Place of Birth, (Street and Number)*	345 Madeira Alley
5. *Full Name of Mother,*	L. Wiely
6. *Mother's Maiden Name,*	S. Harkan
7. *Mother's Birthplace,*	Washington st
8. *Full Name of Father,*	L. Wiely
9. *Father's Occupation,*	Boiler maker.
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mary A. Perlan
Address,	241 S. Chester
Remarks,	

register of such birth, and shall enter the same on the Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 1692

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, &c.)	First.
1. *Sex.* (*State whether male or female*)	Female.
2. *Race or color.* (*if not of the white race*)	White.
3. *Date of Birth.*	Dec. 5, 1889
4. *Place of Birth.* (*Street and Number*)	129 Bradfoot Alley
5. *Full Name of Mother,*	C. Sleyer
6. *Mother's Maiden Name,*	C. Baumenfeine
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	B. Sleyer
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Mary A. Perkins.
Address,	241 S. Chester
Remarks,	

register of such birth and shall enter the same on a blank which have occured under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Ull.

1. *Sex, (state whether male or female)* Female A. 1928
2. *Race or Color, (if not of the white race)* W.
3. *Date of Birth,* Dec. 6 / 28
4. *Place of Birth, (Street and Number)* 2227 Bank
5. *Full Name of Mother,* Mary E. Neitzel
6. *Mother's Maiden Name,* " / " Adams
7. *Mother's Birthplace,* Salisbury, Md.
8. *Full Name of Father,* Gideon D. Neitzel
9. *Father's Occupation,* Can Maker
10. *Father's Birthplace,* Md.

Name of Medical Attendant, or other person who makes this Return. Geo. L. Williams

Address, 226 S. Bl'ay

Remarks,

SECTION 1. And be it further ordained, That it shall be the duty of every physician or midwife in charge or superintendance a birth shall hereafter take place within the City of Baltimore under whose charge or superintendance a birth shall hereafter take place to report the same to the Commissioner of Health, on a blank schedule, to be furnished by the Commissioner of Health, and shall enter the same on a register of such births, and shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Baltimore under whose charge or supervision children are born, to be furnished by the Commissioner of Health, to be filled up by the attendant upon the mother, and to be returned by him to the Commissioner of Health, who shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 16929

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Dec 6 - 89
4. *Place of Birth, (Street and Number)* Cooksie St 1413
5. *Full Name of Mother,* Bertha Burkman
6. *Mother's Maiden Name,* Wetkowski
7. *Mother's Birthplace,* Freistadtt - West Prussia
8. *Full Name of Father,* Friedrich Burkman
9. *Father's Occupation,* Arbeiter
10. *Father's Birthplace,* Lebau - West Pr.

Name of Medical Attendant, or other person who makes this Return. Johanna Jonske

Address, Garrett Ala 1363

Remarks, Locust Point

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A 16930

No
Male
Colored
Dec 6
907 McDonald Lane
Martha Evans
Martin Brisbay
Chester Town Kent Co
Samuel Evans
labor
Chester Town Kent Co
Elizabeth Sachs
711 Sterling Lane

That any physician, midwife or other person who shall attend upon the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,*
4. *Place of Birth, (Street and Number)*
5. *Full Name of Mother,*
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace.*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

A. 16931

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* December 6th 1887
4. *Place of Birth, (Street and Number)* 452 Hollins st
5. *Full Name of Mother* Lilly Baumgarten
6. *Mother's Maiden Name* Rutter
7. *Mother's Birthplace* Balto
8. *Full Name of Father* Charles Baumgarten
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. W. R. McKeen

Address 1401 Lamden ave

Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 16932

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (State whether male or female)*
2. *Race or color, (if not of the white race)* Mulatto.
3. *Date of Birth,* 12/6/89
4. *Place of Birth, (Street and Number)* 506 Oxford St
5. *Full Name of Mother,* Hester Evans Addison
6. *Mother's Maiden Name,* Hester Evans
7. *Mother's Birthplace,* West River Md
8. *Full Name of Father,* John Addison
9. *Father's Occupation,* Waiter
10. *Father's Birthplace,* Prince George Co. Md

Name of Medical Attendant, or other person who makes this Return. Pearce Kintzing M.D.

Address, 601 Franklin St.

Remarks,

Baltimore under a fine of ... dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 1693

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* — — —
3. *Date of Birth,* Decem 7/89
4. *Place of Birth, (Street and Number)* No 626 N Washington Ste
5. *Full Name of Mother,* Florence Mence
6. *Mother's Maiden Name,* nee Allan
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Millard F. Mace
9. *Father's Occupation,* Varnisher
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs L. Schulte

Address, No 528 N Washington Ste

Remarks,

...on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Baltimore under whose charge or supervision the same on a bla
register of such birth, and shall enter the same on a bla
births which have occurred under his or her care during the
ascertained the full name of each child, if any shall have
Health. This schedule shall contain a list of the births w
month, and shall set forth as far as the same can be ascer
been conferred) its sex, color, the full name and occupatio
said schedule shall be delivered, duly signed by the practit
third day of each and every month to the office of the Co
practitioner of midwifery, or should no other person be in
shall occur without the attendance of a physician or prac
attendance upon the mother, immediately thereafter. It sh
child to report its birth to the Commissioner of Health, in
any such person or persons who shall hereafter fail to com
jected to the fine of ten (10) dollars for each offense, to be r
upation of its parents, the date and place of birth; and the
practitioner in the form of a certificate between the first and
the Commissioner of Health. In case the birth of any child
r. It shall become the duty of the person or parents of such
th, in the manner and within the period above required, and
to comply with the provisions of this section shall be sub-
o be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 16934

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Chil

1. *Sex, (state whether male or female)* Knabe
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Den 7 Dezember 1889
4. *Place of Birth, (Street and Number)* Fayette Str. No 1930
5. *Full Name of Mother,* Klara Gärtner
6. *Mother's Maiden Name,* " Hanthay"
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Jakob Gärtner
9. *Father's Occupation,* Zigarrmacher
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Maria Anna Mayer

Address, Bidle Str No 1933

Remarks,

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 16935

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.)	10
1. *Sex,* (*State whether male or female*)	Female
2. *Race or color,* (*if not of the white race*)	white
3. *Date of Birth,*	Dec th 7 - 99
4. *Place of Birth,* (*Street and Number*)	No 934 Binnie st
5. *Full Name of Mother,*	Mary E Foster
6. *Mother's Maiden Name,*	Wesley
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Samuel foster
9. *Father's Occupation,*	Carpenter
10. *Father's Birthplace,*	Balto
Name of Medical Attendant; or other person who makes this Return.	Sarah P Warington
Address,	No 924 Binnie st
Remarks,	

register of such birth, and shall enter the same on his or her said certificate. The births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. MULLANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 1930

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* Dec 7th 1887
4. *Place of Birth (Street and Number),* 1624 W. Market st
5. *Full Name of Mother,* Anna E. Kaltman
6. *Mother's Maiden Name,* Trone
7. *Mother's Birthplace,* Hanover Pa
8. *Full Name of Father,* Alexander E. Kaltman
9. *Father's Occupation,* Grilder
10. *Father's Birthplace,* Howard Co Md

Name of Medical Attendant, or other person who makes this Return. E. H. Lee M.D.

Address, 602 N. Carey St

Remarks,

h have occurred under his or her care during the month,
lined the full name of each child, (if any shall have been con-
ts parents, the date and place of birth; and the said schedule
he form of a certificate between the first and third day of
of Health. In case the birth of any child shall occur without
ery, or should no other person be in attendance upon the
of the person or parents of such child to report its birth to
he period above required, and any such person or persons
this section shall be subjected to the fine of ten (10) dollars
tures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 16937

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (State whether male or female)* Male
2. *Race or color, (if not of the white race)* Colord
3. *Date of Birth,* December 7
4. *Place of Birth, (Street and Number)* Slurey st No 115
5. *Full Name of Mother,* Martter Wilson
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Baltimor
8. *Full Name of Father,* daniel Tabnor
9. *Father's Occupation,* labour
10. *Father's Birthplace,* Baltimor

Name of Medical Attendant, or other person who makes this Return. rapsat Jane Wilson

Address, Slurey st No 115

Remarks,

hs which have occurred under his or her care during
ascertained the full name of each child, (if any shall have
pation of its parents, the date and place of birth; and the
actitioner in the form of a certificate between the first and
e Commissioner of Health. In case the birth of any child
said schedule shall be delivered, duly signed by the practitio
been considered its sex, color, the full name and occupation
third day of each and every month to the office of the Com
shall occur without the attendance of a physician or practi
attendance upon the mother, immediately thereafter it sha
child to report its birth to the Commissioner of Health, in th
any such person or persons who shall hereafter fail to com
jected to the fine of ten (10) dollars for each offence, to be re
register of such birth, and shall enter the same on a
Health. This schedule shall contain a list of the births wh
month, and shall set forth as far as the same can be ascerta
been registered its sex, color, the full name and occupation
said schedule shall be delivered, duly signed by the practitio
third day of each and every month to the office of the Com
shall occur without the attendance of a physician or practi
attendance upon the mother, immediately thereafter it sha
child to report its birth to the Commissioner of Health, in th
any such person or persons who shall hereafter fail to com
jected to the fine of ten (10) dollars for each offence, to be re
be recovered as other fines and forfeitures are recoverable.

register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health.
This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 16938

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex (state whether male or female),* Male.
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* Dec. 7.
4. *Place of Birth (Street and Number),* 113 Hughes St.
5. *Full Name of Mother,* Kate Kelly.
6. *Mother's Maiden Name,* Barrett
7. *Mother's Birthplace,* Ireland.
8. *Full Name of Father,* Pat Kelly
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return. Mrs. Scarborough.

Address, 12. E. Montgomery St

Remarks,

The Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Lena

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child A 16939.

1. Sex, (State whether male or female) " Girl.
2. Race or color, (if not of the white race) White.
3. Date of Birth, 7th of December 1889
4. Place of Birth, (Street and Number) 729 North Castle street
5. Full Name of Mother, Mary Boos.
6. Mother's Maiden Name, Mary Günter
7. Mother's Birthplace, Germany
8. Full Name of Father, Lorenz Günter
9. Father's Occupation, Butcher
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Crescintia Kunkel

Address, 213 North Chapel st per Justina Kunkel

Remarks, Healthy.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	Dec. 8th 1879
4. Place of Birth (Street and Number),	S. E. Cor Eden & Preston Sts
5. Full Name of Mother,	Mrs Lizzie Boone
6. Mother's Maiden Name,	Bailey
7. Mother's Birthplace,	Balto. Md.
8. Full Name of Father,	Harry Boone
9. Father's Occupation,	Speculator
10. Father's Birthplace,	Balto. Md
Name of Medical Attendant, or other person who makes this Return.	Jno Brooke Boyle
Address,	
Remarks,	

A 16940

more than one child, a blank schedule to be furnished by the Registrar, and the physician or midwife in attendance shall enter the same on a blank schedule to be furnished by the Registrar, and shall enter the same on a blank schedule to be furnished by the Registrar, and shall enter the same on a blank schedule to be furnished by the Registrar, and

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 11941

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) fifth

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* December 8th.
4. *Place of Birth, (Street and Number)* 201 North Exeter St.
5. *Full Name of Mother,* Lena Meyer
6. *Mother's Maiden Name,* Lena Stempels
7. *Mother's Birthplace,* Erpolden, Hessen, Germany
8. *Full Name of Father,* Jenno Meyer
9. *Father's Occupation,* grocer and saloon keeper
10. *Father's Birthplace,* Lauterberg Pr. Prussia

Name of Medical Attendant, or other person who makes this Return. Dr. Schuman and midwife

Address, 327 South Bond St.

Remarks,

register of such birth, and shall enter the same on a blank form to be furnished by the Board of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Baltimore under whose charge or superintendance a birth shall occur, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10th D. 1647
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Dec 8th
4. *Place of Birth, (Street and Number)*	845 S. Burke St.
5. *Full Name of Mother,*	Mary Vostman
6. *Mother's Maiden Name,*	" Heise
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Ludwig Vostman
9. *Father's Occupation,*	Barkeeper
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Mrs. Ulrika Goetzee
Address,	114 S. Bond St
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 16943

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Dec 8th
4. *Place of Birth, (Street and Number)*	604 S. Wolf St
5. *Full Name of Mother,*	Kate Maginel
6. *Mother's Maiden Name,*	" Bahl
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Frank Maginel
9. *Father's Occupation,*	Mariner
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs. Ulrika Goetzke
Address,	114 S. Bond St.
Remarks,	

Baltimore under whose charge or superintendance a birth shall occur, to be furnished by the Commissioner of Health, and shall enter the same on a blank schedule, to be furnished under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the office of the Commissioner of Health, within the first and third day of each and every month to the office of the Commissioner of Health, in the case of a certificate between the first and shall occur without the attendance of a physician or practitioner in the form of a certificate between the first and attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 16944

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Dec. 8th
4. *Place of Birth, (Street and Number)*	700 N. Eden St.
5. *Full Name of Mother,*	Annie Bieter
6. *Mother's Maiden Name,*	" Brickler
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Henry Bieter
9. *Father's Occupation,*	Shoemaker
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs. Ulrika Goetzke
Address,	114 S. Bond St.
Remarks,	

Baltimore under whose charge or superintendance a birth shall hereafter occur, shall cause the birth of any child to be registered, and for that purpose shall cause the Commissioner of Health to be furnished by the Commissioner of Health with a blank schedule, to be furnished by the Commissioner of Health, and shall enter the same on

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A. 16945

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 8th '89
4. *Place of Birth, (Street and Number)* 1329 ½ Mount St
5. *Full Name of Mother.* Ida Brittain
6. *Mother's Maiden Name,* Ida Luck
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Samuel L. Brittain
9. *Father's Occupation,* Book-keeper
10. *Father's Birthplace.* Philadelphia Pa.

Name of Medical Attendant, or other Person who makes this Return W. W. Wright MD

Address, 220 N. Gilmor St

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

Baltimore under whose charge or supervision a blank schedule, to be furnished by the Commissioner of Health, shall be filled out in the manner and within the period above required, and register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health, which shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 16946

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. *Sex, (state whether male or female)*	~~Male~~ Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Dec, 8th 84
4. *Place of Birth, (Street and Number)*	13 S Dalton St
5. *Full Name of Mother,*	Cassie No. Gilland
6. *Mother's Maiden Name,*	Cassie M. Wormell
7. *Mother's Birthplace,*	Maine
8. *Full Name of Father,*	C. E. Gilliard
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	Mass ——
Name of Medical Attendant, or other person who makes this Return.	B F Phillips
Address,	719 W Fayette St
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 16947

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex, (state whether male or female)* Female
2. *Race or color, (if not of the white race)* Colored
3. *Date of Birth,* ~~Dec 5~~ Dec 8th 1889.
4. *Place of Birth, (Street and Number)* 405 Davis St
5. *Full Name of Mother,* Mary Hains
6. *Mother's Maiden Name,* Mary Locks
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Charles Hains
9. *Father's Occupation,* Cannaker
10. *Father's Birthplace,* Norfolk Va

Name of Medical Attendant, or other person who makes this Return. Amelia Johnson

Address, 1024 Park Ave

Remarks,

a blank schedule, to be furnished by the Commissioner of
register of such birth, and shall enter the same on a blan
Health. This schedule shall contain a list of the births w
month, and shall set forth as far as the same can be ascer
been conferred) its sex, color, the full name and occupation
said schedule shall be delivered, duly signed by the practit
third day of each and every month to the office of the Co
shall occur without the attendance of a physician or pract
attendance upon the mother, immediately thereafter it sh
child to report its birth to the Commissioner of Health, in t
any such person or persons who shall hereafter fail to co
jected to the fine of ten (10) dollars for each offence, to be re
ascertained the full name of each child, (if any shall have
practitioner in the form of a certificate between the first and
the Commissioner of Health. In case the birth of any child
practitioner of midwifery, or should no other person be in
it shall become the duty of the person or parents of such
h, in the manner and within the period above required, and
to comply with the provisions of this section shall be sub-
o be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 16948

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec. 8th 1889
4. Place of Birth, (Street and Number) 507 Lexington
5. Full Name of Mother, Emma A Fankhanel
6. Mother's Maiden Name, Emma A Willax
7. Mother's Birthplace, Balto. Md
8. Full Name of Father, Conrad H. Fankhanel
9. Father's Occupation, Cigar-maker
10. Father's Birthplace, Balto. Md

Name of Medical Attendant, or other Person who makes this Return. G. A. Fleming M.D

Address, 928 Madison Ave

Remarks,

under whose charge or Superintendence a Birth shall occur, to be furnished by the Commissioner of Health. This schedule shall contain and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co. City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th A 16949

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* Dec 9 1884
4. *Place of Birth (Street and Number),* 976 S. Ann St
5. *Full Name of Mother,* Mary Finley Hare
6. *Mother's Maiden Name,* [illegible]
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* John Hare
9. *Father's Occupation,* Clerk Grocery Store
10. *Father's Birthplace,* London England

Name of Medical Attendant, or other person who makes this Return. M. Kline

Address, 453 W. Lexington

Remarks,

register of such birth, and shall enter the same on a blank ... occurred under his or her care during the month. This schedule shall contain a list of the births which have occ... the full name of each child, (if any shall have been con... and shall set forth as far as the same can be ascertained the ful... ferred), its sex, color, the full name and occupation of its parents, t... shall be delivered, duly signed by the practitioner in the form of ... each and every month to the office of the Commissioner of Health. ... the attendance of a physician or practitioner of midwifery, or abou... mother, immediately thereafter it shall become the duty of the perso... the Commissioner of Health, in the manner and within the period a... who shall hereafter fail to comply with the provisions of this section ... for each offence, to be recovered as other fines and forfeitures are re...

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

A 16950

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Baltimore under ... register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d.
1. *Sex, (state whether male or female)*	Male.
2. *Race or color, (if not of the white race)*	White race
3. *Date of Birth,*	Dec 7/89
4. *Place of Birth, (Street and Number)*	No 2302 Hanover St.
5. *Full Name of Mother,*	Annie Hiller
6. *Mother's Maiden Name,*	Sachs.
7. *Mother's Birthplace,*	Balto Md.
8. *Full Name of Father,*	William Hiller
9. *Father's Occupation,*	Carpenter
10. *Father's Birthplace,*	Norfolk Va
Name of Medical Attendant, or other person who makes this Return.	Annie Geems
Address,	No. 1214 Light St.
Remarks,	Yours Respectfully

Baltimore under whose charge or superintendance a child may be born, shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 16951

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* — — —
3. *Date of Birth,* December 10/69
4. *Place of Birth, (Street and Number)* No 5 N. Caroline St.
5. *Full Name of Mother,* Katie B Simon
6. *Mother's Maiden Name,* nee Stiener
7. *Mother's Birthplace,* Williamport Pa.
8. *Full Name of Father,* Otto H Simon
9. *Father's Occupation,* Shoemaker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mrs L. Schulte

Address, No 526 N. Washington Ave

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

A 16957

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nationality, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex (state whether male or female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	December 10th 1889
4. *Place of Birth (Street and Number)*	745 Loca Court
5. *Full Name of Mother*	Catherine Agel
6. *Mother's Maiden Name*	Catherine Amenhuber
7. *Mother's Birthplace*	Hamburg Germany
8. *Full Name of Father*	John H. Agel
9. *Father's Occupation*	Carver
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this Return.	E. Michaux M.D.
Address	526 S. Stiles st
Remarks	

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 16953

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Dec 10th
4. Place of Birth, (Street and Number) 838 Woodworth st
5. Full Name of Mother, Caroline Hartgrove
6. Mother's Maiden Name, Caroline Imp
7. Mother's Birthplace, Baltimore
8. Full Name of Father, James Hartgrove
9. Father's Occupation, Can Maker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return.

Address, Huligonda Dlifer

Remarks, 641 Do Pace St

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Over

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

A 16952

Name: Elizabeth Meyers

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 Child.
1. *Sex (state whether male or female)*	Female
2. *Race or Color (if not of the white race)*	White race.
3. *Date of Birth*	10 of December 1889.
4. *Place of Birth (Street and Number)*	No 14. 24 Briggs Ave.
5. *Full Name of Mother*	Pauline (Meyer.) Meyers
6. *Mother's Maiden Name*	Pauline (Elias) Clear
7. *Mother's Birthplace*	in Germany
8. *Full Name of Father*	John (Meyer) Meyers
9. *Father's Occupation*	a Baker
10. *Father's Birthplace*	in Germany.
Name of Medical Attendant, or other Person who makes this Return.	Midwife Eleana Speller
Address	No 538 Biddel Alley
Remarks	

DEC 13 1889

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 16956

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 11th
4. *Place of Birth, (Street and Number)* 213 Conway st
5. *Full Name of Mother,* Katie Glenn
6. *Mother's Maiden Name,* Katie Plummer
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George Glenn
9. *Father's Occupation,* Engineer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Kellyonen Clifer

Address, 641 Saratoga St

Remarks,

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten 10 dollars for each offense.

WM. J. C. DILANY & CO., CITY PRINTERS AND STATIONERS

Ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c~~) First (1st) A 16966

1. Sex, (state whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, December 12th 1889
4. Place of Birth, (Street and Number) No. 328 South Broadway
5. Full Name of Mother, Mrs. Catharine Annie Gehring
6. Mother's Maiden Name, Miss Catharine A. Smith
7. Mother's Birthplace, Baltimore, Maryland.
8. Full Name of Father, Mr. Michael J. Gehring
9. Father's Occupation, Telegraph Operator
10. Father's Birthplace, Baltimore Maryland.

Name of Medical Attendant, or other person who makes this Return. Wm H. Clendiner M.D.

Address, 1700 East Fayette St. Cor. Broadway

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health, and shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth, the full name of each child, if any, born at one birth, the sex, color and place of birth of each child, and the date and place of the marriage of its parents. This schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the third day of each and every month to the office of the Commissioner of Health. In case the birth shall occur without the attendance of a physician or midwife, or should no other person become the duty of the person or parents of any such child to report its birth to the mother, immediately thereafter, shall become the duty of the person or parents of the period above required, and in the manner and with the penalties of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second to the

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, Dec 1 1889

4. Place of Birth, (Street and Number) 1 Saratoga Str

5. Full Name of Mother, Louise Dorr Illing

6. Mother's Maiden Name, Louise Dorr Staake

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Albert Illing

9. Father's Occupation, Grocer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Thos W Hamel Illidge

Address, 93 Donna Str

Remarks, 1 1695

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 the

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Dece 1st 1889

4. Place of Birth, (Street and Number) old 39 Saratoga St

5. Full Name of Mother, Louise Derr

6. Mother's Maiden Name, Mainz

7. Mother's Birthplace, Balto. City

8. Full Name of Father, Gea Derr

9. Father's Occupation, Livery Stable

10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return. Mrs W. Hamme Midwife

Address, 93 Penna Ave

Remarks,

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the preceding months, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth, if any name has been conferred) its sex, color, the full name and occupation of the practitioner in the form of a certificate between the date and place of birth, and shall be delivered, duly signed by the practitioner or midwife, or some other person present at the birth, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of said schedule, or should no other person be present at the birth, the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, shall become the duty of the midwife, or practitioner of said schedule, immediately thereafter fail to comply with the provisions of this section shall hereafter fail to comply with the provisions of this section shall be recovered as other fines and forfeitures are recovered, and on conviction thereof shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recovered.

Dec 1st 1889

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 16955

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 th Child

1. Sex, (state whether male ~~or female~~)
2. Race or Color, (if not of the white race) White
3. Date of Birth, December 1st 1889
4. Place of Birth, (Street and Number) N. Spring St No 23
5. Full Name of Mother, Katharina Müller
6. Mother's Maiden Name, Katharina Werner
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Fredrick Müller
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Okarben. Hessen Germany

Name of Medical Attendant, or other person who makes this Return, Mary E. Müller

Address, N. Dallas St No 114

Remarks,

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner or midwife, or shall be transmitted by mail on the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

CERTIFICATE CORRECTED 8-3-53

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Margaret Christine Schumann

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

A. 16959

1. Sex, (state whether ~~male or~~ female)
2. Race or Color, (if not of the white race) White
3. Date of Birth, December 1st 1889
4. Place of Birth, (Street and Number) N. Elder St No 2228
5. Full Name of Mother, Maggie ~~Struhman~~ Schumann
6. Mother's Maiden Name, Maggie Bien
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, John ~~Struhman~~ Schumann
9. Father's Occupation, Butcher
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, Mary E. Miller

Address, N. Dallas St No 114

Remarks,

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

16960

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* December 1 1884
4. *Place of Birth, (Street and Number)* Lancaster st 1520
5. *Full Name of Mother,* Annie Zacharias
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Bohemen
8. *Full Name of Father,* Andrew Zachar
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Bohemen

Name of Medical Attendant, or other person who makes this Return. Mary Kopitis

Address,

Remarks, Worthington 205

SECTION 1.—And be it further ordained, That every birth which shall hereafter take place in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recovered.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Section 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

E 16961

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 2

1. *Sex*, (*state whether male or female*) Girl
2. *Race or Color*, (*if not of the white race*) white
3. *Date of Birth*, December 1 1889
4. *Place of Birth*, (*Street and Number*) Jefferson st 1402
5. *Full Name of Mother*, Mary Joen
6. *Mother's Maiden Name*, Kroch
7. *Mother's Birthplace*, Germonen
8. *Full Name of Father*, Joseph Kroch
9. *Father's Occupation*, tailor
10. *Father's Birthplace*, Germen

Name of Medical Attendant, or other person who makes this Return, Mary Kroth

Address, Washington av

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 16962

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* girle
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* ~~Baltimore~~ December 2th 1889
4. *Place of Birth, (Street and Number)* No 948 West Lombard Street
5. *Full Name of Mother,* Maggie E Culver
6. *Mother's Maiden Name,* Maggie E. Wenning
7. *Mother's Birthplace,* Baltimor
8. *Full Name of Father,* Charles Culver
9. *Father's Occupation,* Machinist
10. *Father's Birthplace,* Baltimor

Name of Medical Attendant, or other person who makes this Return. Catharine Mitchel

Address, No 848 west Pratt Street Baltimore

Remarks,

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

16963

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* boy
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* December 2 1889
4. *Place of Birth, (Street and Number)* Bradford all 122
5. *Full Name of Mother,* Mary Pintell
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Germen
8. *Full Name of Father,* Joseph Bintell
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Germen

Name of Medical Attendant, or other person who makes this Return. Mary Naylor

Address,

Remarks, Washington 205

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

FEB 13 1899 BALTIMORE MD.

No. 16964

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (State whether male or female)* female
2. *Race or color, (if not of the white race)* white
3. *Date of Birth,* Dec 3d 1899
4. *Place of Birth, (Street and Number)* 2236 Barclay St
5. *Full Name of Mother,* Clara Grove
6. *Mother's Maiden Name,* Clara McCurdy
7. *Mother's Birthplace,* Washington D C
8. *Full Name of Father,* Arthur Grove
9. *Father's Occupation,* Employee M.C.R.R.
10. *Father's Birthplace,* Pennsylvania

Name of Medical Attendant, or other person who makes this Return. D H Reese MD

Address,

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 18965

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (State whether male or female)* Female
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* December 3 1869
4. *Place of Birth, (Street and Number)* 230 Penn Ave Eutaw
5. *Full Name of Mother,* Mary E. Amos
6. *Mother's Maiden Name,* a Fillinger
7. *Mother's Birthplace,* Balt. City
8. *Full Name of Father,* Wm I. Amos
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Balt City

Name of Medical Attendant, or other person who makes this Return. Marbury Brown M.D.

Address, 1106 McCulloh Street

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A 16966

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth 4th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	December 4th 1889
4. *Place of Birth, (Street and Number)*	960 Franklin Street
5. *Full Name of Mother,*	Lizzie Wilson
6. *Mother's Maiden Name,*	Lizzie Kuhl
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John Wilson
9. *Father's Occupation,*	Baker
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs Anna Meanzdl
Address,	1507 Penna Ave
Remarks,	

SECTION 1. And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Dec 17 1889

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

1 16967

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether male or female)* Male
2. *Race or Color (if ~~not of the white race~~)* White
3. *Date of Birth* Dec 4th 89.
4. *Place of Birth (Street and Number)* 2006. E Biddle st
5. *Full Name of Mother* Elizabeth Fallon
6. *Mother's Maiden Name* Elizabeth Crumlen
7. *Mother's Birthplace* U S
8. *Full Name of Father* Wm Fallon
9. *Father's Occupation* Harness Maker
10. *Father's Birthplace* U S.

Name of Medical Attendant, or other Person who makes this Return. Thos J Simms M D

Address Office 804 N. Broadway

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

SECTION 1.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1-16968

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 5

1. *Sex,* (*state whether male or female*) boy
2. *Race or Color,* (*if not of the white race*) whit
3. *Date of Birth,* December 4 1889
4. *Place of Birth,* (*Street and Number*) Duncan alle 412
5. *Full Name of Mother,* Mary Pecek
6. *Mother's Maiden Name,* Fousek
7. *Mother's Birthplace,* Bohemen
8. *Full Name of Father,* Frank fousek
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Bohemen

Name of Medical Attendant, or other person who makes this Return, Mary Kopka

Address,

Remarks, Washington 205

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 1969

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* boy
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* December 4 1889
4. *Place of Birth, (Street and Number)* Chase St 2010
5. *Full Name of Mother,* Annie Stine
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Germmen
8. *Full Name of Father,* Dekh John Stine
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Germmen

Name of Medical Attendant, or other person who makes this Return. Mary Koplos

Address,

Remarks, Worstin town 205

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the months, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

B 15970

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	December 4th 1889
4. *Place of Birth, (Street and Number)*	1438 Penna Avenue
5. *Full Name of Mother,*	Anna Jacobs
6. *Mother's Maiden Name,*	Anna Scherer
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Jakie Jacobs
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs Anna Oneschuk
Address,	150 N Penna Avenue
Remarks,	

DEC 19 1889

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 1697

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Male 1.
2. *Race or Color, (if not of the white race)* Col.
3. *Date of Birth,* Dec 5/87
4. *Place of Birth, (Street and Number)* 57 Bruce St
5. *Full Name of Mother,* Frances Lamon
6. *Mother's Maiden Name,* Frances Talom
7. *Mother's Birthplace,* D.C.
8. *Full Name of Father,* Wm Lamon
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* D.C.

Name of Medical Attendant, or other person who makes this Return. Jno F Bradham

Address,

Remarks,

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Dec 5 '89
4. *Place of Birth, (Street and Number)* 23d & Harmony Lane
5. *Full Name of Mother,* Maggie Green
6. *Mother's Maiden Name,* Maggie Blackman
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* John Green
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return. Jane Woodland

Address,

Remarks,

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth, and the sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

B. 16973

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* December 5 1889
4. *Place of Birth, (Street and Number)* Fayette court 2008
5. *Full Name of Mother,* Mary Komenda
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Boheamen
8. *Full Name of Father,* Anton Komenda
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Boheamen

Name of Medical Attendant, or other person who makes this Return, Mary Koptka

Address,

Remarks, Washington 20[illegible]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 16974

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 Child.
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Dec 5 — 1889.
4. *Place of Birth, (Street and Number)*	1219 China Alley.
5. *Full Name of Mother,*	Lizzie Schefer.
6. *Mother's Maiden Name,*	Wilt.
7. *Mother's Birthplace,*	America.
8. *Full Name of Father,*	Philip Schafer.
9. *Father's Occupation,*	Laborer.
10. *Father's Birthplace,*	America.
Name of Medical Attendant, or other person who makes this Return.	J. Lohnwasser. Midwife.
Address,	1532 Hanover st.
Remarks,	

...have occurred under his or her care during the ...ascertained the full name of each child, if any shall have ...occupation of its parents, the date and place of birth; and the ...practitioner in the form of a certificate between the first and ...the Commissioner of Health. In case the birth of any child ...or practitioner of midwifery, or should no other person be in ...attendance upon the mother, immediately thereafter. It ...child to report its birth to the Commissioner of Health, in ...any such person or persons who shall hereafter fail to c... ...jected to the fine of ten (10) dollars for each offense, to be ...been conferred) its sex, color, the full name and ... said schedule shall be delivered, duly signed by the prac... third day of each and every month to the office of the C... shall occur without the attendance of a physician or pr... ...with, in the manner and within the period above required, and ...il to comply with the provisions of this section shall be sub... ...to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STA...

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

A 11975

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th and 6th Child

1. *Sex, (state whether male ~~or female~~)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* December 5th 1899
4. *Place of Birth, (Street and Number)* N. Dallas St. No 306
5. *Full Name of Mother,* Annie Smith
6. *Mother's Maiden Name,* Annie Kuse
7. *Mother's Birthplace,* New York U. S.
8. *Full Name of Father,* George W. Smith
9. *Father's Occupation,* Boilermaker
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return, Mary E. Müller

Address, N. Dallas St No 114

Remarks, Twins

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should any other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons so attending child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

DEC 16 1899

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st. A. 16976
1. *Sex, (state whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	Dec. 6th
4. *Place of Birth, (Street and Number)*	42 Pulaski st.
5. *Full Name of Mother,*	Fannie Hazel
6. *Mother's Maiden Name,*	" Keith
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	Frank Hazel
9. *Father's Occupation,*	Blacksmith
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return.	G. L. Bradenbaugh
Address,	418 S. Paca st.
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 16977

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 of
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	American White
3. *Date of Birth,*	December 6 1889.
4. *Place of Birth, (Street and Number)*	Baltimore. Chapple st. # 26
5. *Full Name of Mother,*	Mary Katherine Kirkham
6. *Mother's Maiden Name,*	Mary Katherine Bletzer
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John A. Kirkham
9. *Father's Occupation,*	Carpinter & Joiner
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs. Knowles
Address,	1829 E Pratt st
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Ho 11 "

1. *Sex, (State whether male or female)* Female
2. *Race or color, (if not of the white race)* W
3. *Date of Birth,* Dec 6th 1887
4. *Place of Birth, (Street and Number)* 220 Arlington Ave
5. *Full Name of Mother,* Lidia Bennett
6. *Mother's Maiden Name,* Rademeyer
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Joseph Bennett
9. *Father's Occupation,* Junk Dealer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Dr. Ledley

Address, 1004 W Lexington St.

Remarks,

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Lived child. A 16979

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* (White)

3. *Date of Birth,* Saturday - 7th "

4. *Place of Birth, (Street and Number)* 125 N. Pine St. 1589

5. *Full Name of Mother,* Maggie Woodhouse

6. *Mother's Maiden Name,* " Evans

7. *Mother's Birthplace,* Balto.

8. *Full Name of Father,* ~~Virginia~~ James A. Woodhouse

9. *Father's Occupation,* Carpenter

10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return, Susan Hunter

Address, 23 N Payson St

Remarks, None

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 16480

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the first

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* Color
3. *Date of Birth,* December 4th year of 1899
4. *Place of Birth (Street and Number),* Raburg Street No 719
5. *Full Name of Mother,* Lizzie Shepard
6. *Mother's Maiden Name,* Lizzie Booker
7. *Mother's Birthplace,* East Co va.
8. *Full Name of Father,* Emanuel Shepeard
9. *Father's Occupation,* Coatchman
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return.

Address, Mrs Fannie Myers

Remarks, No 229 clay st

This schedule shall contain a list of the Births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or mother, immediately thereafter it shall become the duty of the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine or ten (10) dollars for each offence; to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH

A 16981

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recovered.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Dec 7th 1899.
4. *Place of Birth, (Street and Number)*	625 Lanvale
5. *Full Name of Mother,*	Mary A. Murphy
6. *Mother's Maiden Name,*	" " Doyle
7. *Mother's Birthplace,*	Baltimore.
8. *Full Name of Father,*	Patrick J. Murphy.
9. *Father's Occupation,*	Hostler
10. *Father's Birthplace,*	Ann Arundel Co. Md
Name of Medical Attendant, or other person who makes this Return.	Edward F. McDaniel
Address,	208 Augusta st.
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd A 16982

1. *Sex (state whether male or female),* female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* Dec 7th
4. *Place of Birth (Street and Number),* 1802 E. Eager St
5. *Full Name of Mother,* Mrs Robt. Hales
6. *Mother's Maiden Name,* Jamie M Friclan
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Robert H. Hales
9. *Father's Occupation,* Hackerman
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return. Henry F Hill MD

Address, 1001 E Edmondson Ave

Remarks,

more under whose charge or superintendence a child is born, within fifteen days after the birth, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, Immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

16983

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* December 8th
4. *Place of Birth, (Street and Number)* #512 N. Paca St.
5. *Full Name of Mother,* Agnes Thos
6. *Mother's Maiden Name,* Agnes Richmond
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* William Thos
9. *Father's Occupation,* Painter
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. Dr. Hammell

Address, 923 Penna Ave

Remarks,

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

A. 16982

1. *Sex, (state whether ~~male or~~ female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* December 8th 1889
4. *Place of Birth, (Street and Number)* Fairmount Ave № 1504
5. *Full Name of Mother,* Barbara Mooney
6. *Mother's Maiden Name,* Barbara Löffler
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Thomas Mooney
9. *Father's Occupation,* Boilermaker
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return. Mary E. Müller

Address, N. Dallas St № 194

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

birth shall hereafter take place, shall keep a true and correct
on a blank schedule, to be furnished by the Commissioner of
births which have occurred under his or her care during the
be ascertained the full name of each child, if any shall have
cupation of its parents, the date and place of birth, and the
practitioner in the form of a certificate between the first and
the Commissioner of Health. In case the birth of any child
or practitioner of midwifery, or should no other person be in
er it shall become the duty of the person or parents of such
th, in the manner and within the period above required, and
l to comply with the provisions of this section shall be sub-
to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First 1st A 16985
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	December 8th 1899
4. *Place of Birth, (Street and Number)*	435 Brindbill Avenue
5. *Full Name of Mother,*	Anna Schneider
6. *Mother's Maiden Name,*	Anna Jacobs
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Georg Schneider
9. *Father's Occupation,*	Plumber
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs Anna Wernzdo
Address,	507 Brenda Avenue
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Baltimore under whose charge or superintendance a birth shall hereafter take place shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

B. 16986

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, December 8th. 89.

4. Place of Birth, (Street and Number) 2214 Wilkens Ave

5. Full Name of Mother, Rita Sommerville

6. Mother's Maiden Name, Rita Sommerville

7. Mother's Birthplace, Baltimore, Md

8. Full Name of Father, "

9. Father's Occupation, "

10. Father's Birthplace, "

Name of Medical Attendant, or other person who makes this Return. H. C. Ohle, M. D.

Address, 1203 W. Fayette St

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

B. 1687

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1.
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	Colored
3. Date of Birth,	Sunday. 8. 1889.
4. Place of Birth (Street and Number),	111. Vincent alley
5. Full Name of Mother,	isabela mills
6. Mother's Maiden Name,	isabela smith
7. Mother's Birthplace,	Carrolle County Md
8. Full Name of Father,	William Mills.
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Balto. Md.
Name of Medical Attendant, or other person who makes this Return.	
Address,	Mary ann Mason
Remarks,	637. Walnut alley. Balto. Md

more under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate hereon, on the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall all occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person of parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 16988

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* December 8th. 89.
4. *Place of Birth, (Street and Number)* 884 Royal av.
5. *Full Name of Mother,* Ellen Wolf
6. *Mother's Maiden Name,* Ellen Hartigan
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Richard Wolf
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return. H. C. Pile, M.D.

Address, 1203 W. Fayette St.

Remarks,

a blank schedule to be furnished by the Commissioner of
births which have occurred under his or her care during the
e ascertained the full name of each child, if any shall have
upation of its parents, the date and place of birth; and the
practitioner in the form of a certificate between the first and
the Commissioner of Health. In case the birth of any child
r practitioner of midwifery, or should no other person be in
r it shall become the duty of the person or parents of such
th, in the manner said within the period above required, and
to comply with the provisions of this section shall be sub-
to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 16989

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* Dec 8th 89.
4. *Place of Birth, (Street and Number)* 5.16 Hickory Ave Hampden
5. *Full Name of Mother,* Elnora C. J. McNally.
6. *Mother's Maiden Name,* do Stone
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Benjamin F. McNally
9. *Father's Occupation,* Blacksmith
10. *Father's Birthplace,* Hampden

Name of Medical Attendant, or other person who makes this Return. Mrs Ellen Sullivan

Address,

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White A. 1690

3. *Date of Birth,* Dec 8th 189

4. *Place of Birth, (Street and Number)* 2038 E. Eager St

5. *Full Name of Mother,* Ida Francis

6. *Mother's Maiden Name,* Sherman

7. *Mother's Birthplace,* Balto Co

8. *Full Name of Father,* S. S. Francis

9. *Father's Occupation,* Foreman

10. *Father's Birthplace,* Balto Co

Name of Medical Attendant, or other Person who makes this Return. J. B. Schwatka M. D

Address, 1003 N. Bway

Remarks,

DEC 15 1895

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

GIVEN NAME ADDED 11-23-53

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 11991

Name: Lydia McWhorter Bergen

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Child.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Dec 8- 1889.
4. *Place of Birth, (Street and Number)* 29 Montgomery St.
5. *Full Name of Mother,* Katie Bergen
6. *Mother's Maiden Name,* Makorde.
7. *Mother's Birthplace,* America.
8. *Full Name of Father,* Benjamin Bergen.
9. *Father's Occupation,* Salesman.
10. *Father's Birthplace,* America.

Name of Medical Attendant, or other person who makes this Return. J. Lohnvasser. Midwife.

Address, 1032 Hanover St.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 16992

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Eighth.
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	Dec. 8 1882
4. *Place of Birth, (Street and Number)*	319 Madeira Alley
5. *Full Name of Mother,*	Annie Kane
6. *Mother's Maiden Name,*	Agnes Foley
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	J. Kane.
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other person who makes this Return.	Mary A. Perkins.
Address,	No 241 S. Chester st
Remarks,	

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

a blank schedule, to be furnished by the Commissioner of
births which have occurred under his or her care during the
e ascertained the full name of each child, if any shall have
upation of its parents, the date and place of birth; and the
practitioner in the form of a certificate between the first and
the Commissioner of Health. In case the birth of any child
r practitioner of midwifery, or should no other person be in
r it shall become the duty of the person or parents of such
th, in the manner and within the period above required, and
to comply with the provisions of this section shall be sub-
to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

DEC 4 1889

A. 1695

No. of Child of Mother. (*state whether* 1st, 2d, 3d, &c.) 3rd.

1. *Sex.* (*state whether male or female*) Female
2. *Race or Color,* (*if not of the white race*) White
3. *Date of Birth,* December 9th. 1889.
4. *Place of Birth,* (*Street and Number*) 1018 W. Baltimore St.
5. *Full Name of Mother,* Mary Heerule
6. *Mother's Maiden Name,* Mary Behrens
7. *Mother's Birthplace,* Braunschweig, Germany
8. *Full Name of Father,* John K. Heerule
9. *Father's Occupation,* Trunk maker
10. *Father's Birthplace,* Wurtemberg, Germany

Name of Medical Attendant, or other person who makes this Return. H. C. Pultz M. D.

Address, 1203 W. Fayette St.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

CERTIFICATE CORRECTED 2-28-32

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Edward James Wroten

B 16994

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Child.

1. *Sex, (state whether male or female)* Male (~~Female~~).
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Dec 9 1889.
4. *Place of Birth, (Street and Number)* 109 Barney st.
5. *Full Name of Mother,* Katie Wroten.
6. *Mother's Maiden Name,* Zesch.
7. *Mother's Birthplace,* America.
8. *Full Name of Father,* William Wroten.
9. *Father's Occupation,* Cigar manufactorer.
10. *Father's Birthplace,* America.

Name of Medical Attendant, or other person who makes this Return. J. Lohrasser. Midwife.

Address, 1032 Hanover st.

Remarks,

Baltimore Under whose control or supervision the same is to be kept as the law directs. Keep a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred; its sex, color, the date and place of birth; and the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense; to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 18995

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. *Sex, (state whether male ~~or female~~)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* December 9th 1889
4. *Place of Birth, (Street and Number)* Little Gough St No 115
5. *Full Name of Mother,* Maggie Magersup
6. *Mother's Maiden Name,* Maggie Horn
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Charles Magersups
9. *Father's Occupation,* Cigar maker
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return, Mary E. Müller

Address, N. Dallas St No 114

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A. 16996

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex* (state whether Male or Female)	Male
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	December 9th 1899
4. *Place of Birth* (Street and Number)	705 Raborg St
5. *Full Name of Mother*	Bessie Winters
6. *Mother's Maiden Name*	unknown
7. *Mother's Birthplace*	Pennsylvania
8. *Full Name of Father*	unknown
9. *Father's Occupation*	unknown
10. *Father's Birthplace*	unknown
Name of Medical Attendant, or other Person who makes this Return.	J. A. Ahler M.D.
Address	661 W. Fayette St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

B. 1697

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	Colored
2. *Race or Color, (if not of the white race)*	Female
3. *Date of Birth,*	Dec 10th 1889
4. *Place of Birth, (Street and Number)*	234 Carlton Street
5. *Full Name of Mother,*	Maggie Smith
6. *Mother's Maiden Name,*	Maggie Steward
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Frank Smith
9. *Father's Occupation,*	Waiter
10. *Father's Birthplace,*	Scharlotten Ville Virginia
Name of Medical Attendant, or other Person who makes this Return.	Mary Jane Richardson
Address,	315 King Street.
Remarks,	

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

REGISTERED, DEC 16 1898

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

E. 16998

1. Sex, (state whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, Dec. 10 "
4. Place of Birth, (Street and Number) 1419 Olive st.
5. Full Name of Mother, Tina Baltz
6. Mother's Maiden Name, " Horse
7. Mother's Birthplace, Balto. New York
8. Full Name of Father, Henry Baltz
9. Father's Occupation, Horseshoer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return. C. L. Buddenbohn

Address, 418 S. Paca st.

Remarks,

GIVEN NAME ADDED 3-4-52

RETURN OF A BIRTH

A 16999

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: ~~Katharine Ruth~~ Tiror.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* December 10th 1889
4. *Place of Birth, (Street and Number)* #713 Harlem Avenue
5. *Full Name of Mother,* Carrie V Tiror
6. *Mother's Maiden Name,* Carrie V Cook
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Oliver G Tiror
9. *Father's Occupation,* Inspector
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Anna Wesengeld

Address, 1507 Penna Avenue

Remarks,

DEC 17 1889

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.)	4th
1. *Sex*, (*State whether male or female*)	Female
2. *Race or color*, (*if not of the white race*)	White
3. *Date of Birth*,	December 10
4. *Place of Birth*, (*Street and Number*)	Woodyear St 1315
5. *Full Name of Mother*,	Cordelia Frank
6. *Mother's Maiden Name*,	Cordelia Cremer
7. *Mother's Birthplace*,	Germany
8. *Full Name of Father*,	Earnest P Frank
9. *Father's Occupation*,	Salesman
10. *Father's Birthplace*,	Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs Hamilton
Address,	1635 Watts PL
Remarks,	none

A 17000

register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the attendant, to the office of the Commissioner of Health on the third day of each and every month; in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 ^ A 1900
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	December 11 — 89
4. *Place of Birth, (Street and Number)*	20 So Bruce St.
5. *Full Name of Mother,*	Ann Maria Cain
6. *Mother's Maiden Name,*	Ann Maria Mowery
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	Matthew J. Cain.
9. *Father's Occupation,*	Police Officer
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return.	Frank L Murray M.D.
Address,	4 So. Eutaw St.
Remarks,	

SECTION 7.—And be it further enacted, That every person who shall hereafter take place, shall keep a true and correct Baltimore under whose charge or superintendence a birth sha register of such birth, and shall enter the same on a blank Health. This schedule shall contain a list of the births wh month, and shall set forth as far as the same can be ascerta been conferred; its sex, color, the full name and occupation said schedule shall be delivered, duly signed by the practitio third day of each and every month to the office of the Comm shall occur without the attendance of a physician or practit attendance upon the mother, immediately thereafter it shall child to report its birth to the Commissioner of Health, in the any such person or persons who shall hereafter fail to com jected to the fine of ten (10) dollars for each offence, to be recovered as fines and forfeitures are recoverable.

RECEIVED DEC 16 1889 REGISTRAR'S OFFICE

WM. J. C. MCLANAHAN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 17002

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	December 11th 1889
4. *Place of Birth, (Street and Number)*	NR 3 Barney St
5. *Full Name of Mother,*	Mary Hudson
6. *Mother's Maiden Name,*	Mary Arment
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John G. Hudson
9. *Father's Occupation,*	Machinest
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Katherine Hornung
Address,	NR 1517 Byrd st
Remarks,	

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17003

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &*c.*) 4

1. *Sex,* (*State whether male or female*) Male
2. *Race or color,* (*if not of the white race*) Color
3. *Date of Birth,* December 11 1889
4. *Place of Birth,* (*Street and Number*) 2216 Mc. Elderry st
5. *Full Name of Mother,* Mary Dutton
6. *Mother's Maiden Name,* Wm Dutton Mary Moore
7. *Mother's Birthplace,* Fredericksburg, D. F
8. *Full Name of Father,* Wm Dutton
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Dorchester Co Md.

Name of Medical Attendant, or other person who makes this Return. Mary A Ridley

Address, 234 Bradford Aly

Remarks,

hs which have occurred under his or her care during the
ascertained the full name of each child, if any shall have
pation of its parents, the date and place of birth, and the
ractitioner in the form of a certificate between the first and
Commissioner of Health. In case the birth of any child
practitioner of midwifery, or should no other person be in
it shall become the duty of the person or parents of such
in the manner and within the period above required, and
o comply with the provisions of this section shall be sub-
be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A 17004

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. *Sex* (state whether ~~Male or~~ Female)

2. *Race or Color* (if not of the white race) Colored

3. *Date of Birth* Dec 11th

4. *Place of Birth* (Street and Number) 696 h, Bethel

5. *Full Name of Mother* Aida Taylor

6. *Mother's Maiden Name* Aida Lee

7. *Mother's Birthplace* Virginia

8. *Full Name of Father* George W. Taylor

9. *Father's Occupation* Cook

10. *Father's Birthplace* Virginia

Name of ~~Medical Attendant~~, or other Person who makes this Return. Rachel Burn

Address h o / 8 ~~Bethel~~ at Biddle

Remarks

The above named child died Dec 12. 1889.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White A. 17005

3. Date of Birth, Dec 11 89

4. Place of Birth, (Street and Number) 1729 E. Eager St

5. Full Name of Mother, Emma M. Ballman

6. Mother's Maiden Name, Mann

7. Mother's Birthplace, Balto

8. Full Name of Father, Joseph H. Ballman

9. Father's Occupation, Can maker

10. Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return J. B. Schwatka M.D.

Address, 1003 N. Broadway

Remarks,

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 17006

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (State whether male or female) female

2. Race or color, (if not of the white race) white

3. Date of Birth, Dec 11th/89

4. Place of Birth, (Street and Number) Old York Road Howard

5. Full Name of Mother, Emma Kearney

6. Mother's Maiden Name, Emma C Binder

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Charles M Kearney

9. Father's Occupation, Storekeeper

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. D H Keech M D

Address,

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Lib. 1707

hild of Mother, (state whether 1st, 2d, 3d, &c.)	6th
ate whether Male or Female)	female
or Color (if not of the white race)	Colored
of Birth	11th of Dec 1889
of Birth (Street and Number)	rear No 14 yorkest
Name of Mother	Emma Brown
r's Maiden Name	Emma Morrison
r's Birthplace	Baltimore city
Name of Father	Jeriah L Brown
r's Occupation	Drayman
r's Birthplace	Baltimore City
of Medical Attendant, or other Person who makes this return	Charity Boulden
ess	808 Stockholm st
rks	

NY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

DEC 14 1909

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Th

1. Sex, (state whether male or female) Female — L 17008

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Dec. 17, 1889

4. Place of Birth, (Street and Number) 959 N Howard

5. Full Name of Mother, Hester A. Crigler

6. Mother's Maiden Name, Jackson

7. Mother's Birthplace, Md

8. Full Name of Father, David K. Crigler

9. Father's Occupation, Waiter

10. Father's Birthplace, Va

Name of Medical Attendant, or other Person who makes this Return G. A. Fleming MD

Address, 928 Madison Ave

Remarks,

and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall be the duty of the person in attendance upon the mother, immediately thereafter to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Dec. 12th, 1869

4. *Place of Birth, (Street and Number)* 1846 Lombard

5. *Full Name of Mother,* Sophia C. Reitz

6. *Mother's Maiden Name,* Sophia C. Gladenhirst

7. *Mother's Birthplace,* Balto. City

8. *Full Name of Father,* John Reitz

9. *Father's Occupation,* State Inspector

10. *Father's Birthplace,* Balto. City

Name of Medical Attendant, or other Person who makes this Return. Wm. E. Gwathmey M.D.

Address, 111 E. Fayette

Remarks, Philip James Reitz

and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parent or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

17210

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

B.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 th.

1. *Sex (state whether male or female),* Male.
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* Dec, 12, 1889.
4. *Place of Birth (Street and Number),* 120 Harlem Ave.
5. *Full Name of Mother,* Mary Bulzer
6. *Mother's Maiden Name,* Mary Schultz
7. *Mother's Birthplace,* Germany.
8. *Full Name of Father,* Bryant Bulzer.
9. *Father's Occupation,* Shoemaker.
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Chas Leffler Proctor

Address, 511 W. Carlton St.

Remarks,

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child. (If any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH A 1701

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Dec. 12, 1859
4. *Place of Birth, (Street and Number)* 359 W. Lexington
5. *Full Name of Mother,* Mary E. Dodd
6. *Mother's Maiden Name,* Morgan
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Thos. F. Dodd
9. *Father's Occupation,* Waiter
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other Person who makes this Return. G. H. Fleming M.D.

Address, 928 Madison Ave

Remarks,

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and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) Dollars for each offense to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

DEC 1899

A 17012

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.)	9th
1. *Sex,* (*State whether male or female*)	Female
2. *Race or color,* (*if not of the white race*)	White
3. *Date of Birth,*	December 12
4. *Place of Birth,* (*Street and Number*)	Lowman N 186
5. *Full Name of Mother,*	Sarah Bowerwall
6. *Mother's Maiden Name,*	Sarah Lock
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	William Bowerwall
9. *Father's Occupation,*	Stone Mason
10. *Father's Birthplace,*	Baltimore md
Name of Medical Attendant, or other person who makes this Return.	Mrs Downey
Address,	1635 Wolsh pt St
Remarks,	none

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parent or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the previsions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

E. 17013

That any Physician, accoucheur, midwife, or other person in charge, who ... at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3. Children
1. *Sex (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	12th of December
4. *Place of Birth, (Street and Number)*	Baltimore 1214 Bt Avenue
5. *Full Name of Mother*	Jennie Robbins
6. *Mother's Maiden Name*	" " McCulley
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Edward Robbins
9. *Father's Occupation*	Blacksmith
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Gomery
Address	
Remarks	

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 17014

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Colored Child
1. *Sex, (state whether male or female)*	Male
2. *Race or color, (if not of the white race)*	Colored Race
3. *Date of Birth,*	Dec 12 1899
4. *Place of Birth, (Street and Number)*	613 Ellis st
5. *Full Name of Mother,*	Alice Stanley
6. *Mother's Maiden Name,*	Alice Kelly
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	Alfred Stanley
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Eastern shore Dorchester
Name of Medical Attendant, or other person who makes this Return.	Lucinda Woolford
Address,	432 N Regester st
Remarks,	

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

D 17016

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	white race
3. *Date of Birth,*	December the 12th
4. *Place of Birth, (Street and Number)*	Baltimore Cross St 4 y
5. *Full Name of Mother,*	Sarah Buckley
6. *Mother's Maiden Name,*	Bramble
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Thomas J Buckley
9. *Father's Occupation,*	Labarer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Elizabeth O Hathorn
Address,	1504 Light St
Remarks,	

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 1706

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* Dec 12th 1889
4. *Place of Birth (Street and Number),* 1929 Park Ave
5. *Full Name of Mother,* Hanna E. Buenneger
6. *Mother's Maiden Name,* Ladd
7. *Mother's Birthplace,* Reading Pa
8. *Full Name of Father,* Ferdinand F. Buenneger
9. *Father's Occupation,* Minister
10. *Father's Birthplace,* New York

Name of Medical Attendant, or other person who makes this Return. E. M. Hess M.D.

Address, 602 N. Carey st

Remarks, This baby is from N. York, Pennsylvania Came here to be confined and will re- turn as soon as able. Mr. Buenneger has a Pastorate in New York City - And is Engaged in Preaching Baptismal Name Laurence Ladd Buenneger

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17017

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (State whether male or female)* Female
2. *Race or color, (if not of the white race)* Colored
3. *Date of Birth,* Friday Dec 13th 1889
4. *Place of Birth, (Street and Number)* #1008. Park Av-
5. *Full Name of Mother,* Sadie Jones
6. *Mother's Maiden Name,* Sadie E. Price
7. *Mother's Birthplace,* Norfolk Va
8. *Full Name of Father,* Edward L Jones
9. *Father's Occupation,* Coachman
10. *Father's Birthplace,* Balt Md

Name of Medical Attendant, or other person who makes this Return. Mrs Jane D. Leas for

Address, # 10 E Hamilton St

Remarks,

WM. J. N. BULLANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A. 17018

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	Dec 13th 1887
4. *Place of Birth, (Street and Number)*	123 Aisquith St
5. *Full Name of Mother,*	Clara King
6. *Mother's Maiden Name,*	" Brown
7. *Mother's Birthplace,*	Baltimore Md.
8. *Full Name of Father,*	Wm J King, Junior
9. *Father's Occupation,*	Painter
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other person who makes this Return.	D W Cathell M D
Address,	1308 N Charles St
Remarks,	

WM. J. C. BULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 do
1. *Sex, (state whether male or female)*	male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	December 13th 1899
4. *Place of Birth, (Street and Number)*	No 206 Randall st
5. *Full Name of Mother,*	Florence Stevens
6. *Mother's Maiden Name,*	Florence Saddler
7. *Mother's Birthplace,*	Washington D. C
8. *Full Name of Father,*	William Stevens
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Pennsylvania
Name of Medical Attendant, or other person who makes this Return.	Catherine Horning
Address,	No 1517 Byrd St
Remarks,	

A 17019

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 17042

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (State whether male or female) Fem

2. Race or color, (if not of the white race) N

3. Date of Birth, 13 of Dec 1899.

4. Place of Birth, (Street and Number) Clinton Av 505,

5. Full Name of Mother, Bertha Mearton Noahs

6. Mother's Maiden Name, " "

7. Mother's Birthplace, City

8. Full Name of Father, Benjamin Mearton

9. Father's Occupation, Hostler

10. Father's Birthplace, ~~Md~~ Annapolis

Name of Medical Attendant, or other person who makes this Return, Harry Ledley

Address, 1004 West Lexington St

Remarks,

blank schedule, to be furnished by the Commissioner of
hs which have occurred under his or her care during the
Health. This schedule shall contain a list of the births wh
month, and shall set forth as far as the same can be ascert
been conferred; its sex, color, the full name and occupation
said schedule shall be delivered, duly signed by the practitio
third day of each and every month to the office of the Com
shall occur without the attendance of a physician or practi
ttendance upon the mother, immediately thereafter it sha
child to report its birth to the Commissioner of Health, in th
any such person of persons who shall hereafter fail to com
jected to the fine of ten (10) dollars for each offence, to be re
be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

B 17021

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or color, (if not of the white race)*
3. *Date of Birth,* Dec 13th 1889
4. *Place of Birth, (Street and Number)* No 9 North Bond St
5. *Full Name of Mother,* Martha E. Cooper
6. *Mother's Maiden Name,* Martha E. Watteon
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Francis Cooper
9. *Father's Occupation,* Hunter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return Mary Conner

Address, Cor, Dillon & Potomac Sts

Remarks,

Health This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 17022

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	White Boy
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	13th dec 1889
4. *Place of Birth, (Street and Number)*	511 South Bond Street
5. *Full Name of Mother,*	Mrs Maggie Bower
6. *Mother's Maiden Name,*	Maggie Hollet
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Joseph Bauer
9. *Father's Occupation,*	Carpenter
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Carl Lina Schuhmann
Address,	327 South Bond Street
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

A 7873

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, ~~2d, 3d, &c.~~) First

1. *Sex* (state whether Male ~~or Female~~) Male

2. *Race or Color* (if not of the white race) colored

3. *Date of Birth* Dec. 13th 1889.

4. *Place of Birth* (Street and Number) 301 Parrish St

5. *Full Name of Mother* Louisa Wraden

6. *Mother's Maiden Name* Louisa Barclay

7. *Mother's Birthplace* Eastern Shore Md

8. *Full Name of Father* John H Wraden

9. *Father's Occupation* ~~Fred. Co Md~~ Waiter

10. *Father's Birthplace* Fred Co - Md

Name of Medical Attendant, or other Person who makes this Return. J. E. Jordan M.D.

Address 1611 Druid Hill Ave -

Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 17624

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	13th. of December
4. *Place of Birth, (Street and Number)*	Pratt St. 1307
5. *Full Name of Mother,*	Ella Witherstein
6. *Mother's Maiden Name,*	" " "
7. *Mother's Birthplace,*	Baltimore Md.
8. *Full Name of Father,*	
9. *Father's Occupation,*	
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return.	
Address,	
Remarks,	

...n a blank schedule, to be furnished by the Commissioner of ... and shall enter the same on a ... births which have occurred under his or her care during the ...e ascertained the full name of each child, if any shall have ...ccupation of its parents, the date and place of birth; and the ... practitioner in the form of a certificate between the first and ... the Commissioner of Health. In case the birth of any child ... or practitioner of midwifery, or should no other person be in ...er it shall become the duty of the person or parents of such ...lth, in the manner and within the period above required, and ...il to comply with the provisions of this section shall be sub... to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1st, 2d, 3d, &c.) 10th

1. *Sex*, (*State whether male or female*) female

2. *Race or color*, (*if not of the white race*) White

3. *Date of Birth*. December 14th

4. *Place of Birth*, (*Street and Number*) Shiker St 1211

5. *Full Name of Mother*, Florance Peakes

6. *Mother's Maiden Name*, Florance Quantlin

7. *Mother's Birthplace*, Baltimore Md

8. *Full Name of Father*, Thomas L Peakes

9. *Father's Occupation*, Butcher

10. *Father's Birthplace*, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Mrs Dazzley

Address, 1635 Madison St

Remarks, None

A. 17076

HEALTH. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and to comply with the provisions of this section; shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable any such person or persons who shall hereafter fail to com-

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) 1st Child

1. *Sex,* (*state whether male or female*) Female

2. *Race or Color,* (*if not of the white race*) Dr Mulatto — Amcb

3. *Date of Birth,* Dec 14th 6.25 P. M. 1889

4. *Place of Birth,* (*Street and Number*) 2111 Mosher St

5. *Full Name of Mother,* Mary Estelle Robinson

6. *Mother's Maiden Name,* M. E. Hough

7. *Mother's Birthplace,* Balto. City

8. *Full Name of Father,* Thomas Gilbert Robinson

9. *Father's Occupation,* Book Keeper

10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. James E Donnelly M D

Address, 1701 E Balto. St.

Remarks,

DEC 16 1889

Its c[illegible] the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall report its birth to the Commissioner of Health, in the manner and or persons who shall hereafter fail to comply with the provisions of for each offense to be recovered as other fines are recoverable.

[illegible] Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A. 17027

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.)	First
1. *Sex,* (*state whether male or female*)	Female
2. *Race or Color,* (*if not of the white race*)	White —
3. *Date of Birth,*	December 14th, 1889 —
4. *Place of Birth,* (*Street and Number*)	246. S. Chester St —
5. *Full Name of Mother,*	Anna Bell Harrison
6. *Mother's Maiden Name,*	Anna Bell Scott
7. *Mother's Birthplace,*	Baltimore Md —
8. *Full Name of Father,*	Harry G. Harrison
9. *Father's Occupation,*	Sinner
10. *Father's Birthplace*	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return	N. L. Dashiell M. D.
Address,	700. S. Broadway
Remarks,	Born 4 A.M. —

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

NY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female

2. *Race or color, (if not of the white race)* White

3. *Date of Birth,* December 14th 1889

4. *Place of Birth, (Street and Number)* 19 21 Randall st

5. *Full Name of Mother,* Rosina Morningstar

6. *Mother's Maiden Name,* Rosina Buchmann

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Charles Morningstar

9. *Father's Occupation,* Clerk

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Catherine Hornung

Address, No 1517 Boyd st

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 17079

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 8th

1. *Sex,* (*State whether male or female*) Female
2. *Race or color,* (*if not of the white race*) White
3. *Date of Birth,* Dec 15 1889
4. *Place of Birth,* (*Street and Number*) No 1601 Hanover st
5. *Full Name of Mother,* Mary Ellerman
6. *Mother's Maiden Name,* Mary Lutz
7. *Mother's Birthplace,* Bremen Germany
8. *Full Name of Father,* Frank Ellerman
9. *Father's Occupation,* Store Grocery & Liquor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. E. Hinton

Address, No 1608 South Charles st

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 E 17930

1. *Sex (state whether male or female),* ~~of~~ M

2. *Race or Color (if not of the white race),* W

3. *Date of Birth,* Dec 10 - 1889

4. *Place of Birth (Street and Number),* North Av Extended near Liberty Road

5. *Full Name of Mother,* Mrs Williams

6. *Mother's Maiden Name,* Sanderson

7. *Mother's Birthplace,* Md

8. *Full Name of Father,* John H. Williams

9. *Father's Occupation,* Lawyer

10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return. Dr R Winslow

Address, 1 Mt Royal Terrace

Remarks,

and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or mother, immediately thereafter it shall become the duty of the the Commissioner of Health, in the manner and within the period who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

e Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17031

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VIII

1. *Sex, (state whether male or female)* Boy
2. *Race or color, (if not of the white race)* white
3. *Date of Birth,* Decbr. 1
4. *Place of Birth, (Street and Number)* S. Amman Str. #503
5. *Full Name of Mother,* Anna Wieser
6. *Mother's Maiden Name,* " Kantz
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Siegwarth Kantz
9. *Father's Occupation,* Teamer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. Brehler

Address, midwife. # 1815 S. Lansdowne

Remarks,

been entered its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

CERTIFICATE CORRECTED 5-19-52

RETURN OF A BIRTH A 17032

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Rose E. Moser

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* December 7 '99
4. *Place of Birth, (Street and Number)* N. 1828 Bank St.
5. *Full Name of Mother,* Pauline Moser (~~Starke~~ Staake)
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Charles Moser
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Baltimore, Md. (~~Germany~~)

Name of Medical Attendant, or other person who makes this Return. Mrs. Louise Kraft

Address, N. 405 S. Washington St.

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten 10 dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 17033

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White.

3. *Date of Birth,* Dec 1"

4. *Place of Birth, (Street and Number)* 2103. Division St

5. *Full Name of Mother,* Mrs Mapham.

6. *Mother's Maiden Name,* Murry.

7. *Mother's Birthplace,* M.d

8. *Full Name of Father,* — Mapham

9. *Father's Occupation,* Salesman

10. *Father's Birthplace,* M.d.

Name of Medical Attendant, or other Person who makes this Return — Geo Thomas M.D

Address, 5156. Priestman St

Remarks,

...ar as the same can be ascertained, the full name of each child (if ...ex, color, the full name and occupation of its parents, the day and ...ail be delivered, duly signed by the practitioner, in the form of a ... of each and every month to the Board of Health. In case the ...attendance of a physician, or of a practitioner of midwifery, or ...pon the mother, immediately thereafter, it shall then become the ...l to report its birth to the Board of Health. In the manner, and ... the cases of the births and deaths of illegitimate children, and ...fail to comply with the provisions of this section shall be subject ... be recovered as other fines and penalties are recoverable.

...during the month, and shall set forth, as far as ... any name shall have been conferred,) its sex, co... place of its birth, and the said schedule shall be ... certificate, between the first and third day of ... birth of any child shall occur without the atten... should no other person be in attendance upon th... duty of the parent or parents of such child to r... within the period above required, except in the ... any person or persons who shall hereafter fail to ... to a fine of ten dollars for each offence, to be re...

...ET & CO., CITY PRINTERS AND STATIONERS.

Births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Two (2) Twins A. 170 3rd
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Dec 1st 89
4. *Place of Birth, (Street and Number)*	1031 W Baltimore St
5. *Full Name of Mother,*	Mary A Bisby
6. *Mother's Maiden Name,*	" " Dixon
7. *Mother's Birthplace,*	City
8. *Full Name of Father,*	Geo A Bisby
9. *Father's Occupation,*	Commission Merchant
10. *Father's Birthplace,*	City
Name of Medical Attendant, or other person who makes this Return.	Jno D Blake M.D
Address,	
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17035

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	1st December
4. *Place of Birth, (Street and Number)*	Balto 24 Heath St
5. *Full Name of Mother,*	Ellen Kaine
6. *Mother's Maiden Name,*	Ellen Shadrock
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Thomas Kaine
9. *Father's Occupation,*	Labourer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	C A Tully
Address,	1828 Light St
Remarks,	Doing Well

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A17036

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	December 1 1889
4. *Place of Birth, (Street and Number)*	419 Forest St
5. *Full Name of Mother,*	Mary Sochla
6. *Mother's Maiden Name,*	Stanuski
7. *Mother's Birthplace,*	Poland
8. *Full Name of Father,*	Wilhelm Sochla
9. *Father's Occupation,*	Tailor
10. *Father's Birthplace,*	Poland
Name of Medical Attendant, or other person who makes this Return.	Caroline Miller
Address,	1605 Walker St.
Remarks,	

DEC 21 1889

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. 1703

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 1st December
4. *Place of Birth, (Street and Number)* 707 East Street
5. *Full Name of Mother,* Mary Sammet
6. *Mother's Maiden Name,* = Zipperlein
7. *Mother's Birthplace,* Hofstetinbach (Baden)
8. *Full Name of Father,* Nicolaus Sammet
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs G. Weiss

Address, 2524 Lancaster Street

Remarks,

Heath. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17038

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male — Harry

2. Race or Color, (if not of the white race) White

3. Date of Birth, 2 December 1889

4. Place of Birth, (Street and Number) 625 Charles St.

5. Full Name of Mother, Annie Yellowvich

6. Mother's Maiden Name, " Svartch

7. Mother's Birthplace, Russia

8. Full Name of Father, Luis Yellowvich

9. Father's Occupation, Printer

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. E Schereman

Address, Albemarle st n 103.

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. S. EARANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17039

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5-th

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* Dec. 2nd 1889.
4. *Place of Birth, (Street and Number)* # 1021 Aisquith St.
5. *Full Name of Mother,* Sara Bonnet.
6. *Mother's Maiden Name,* Krenzer.
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* Jos. Bonnet Jr.
9. *Father's Occupation,* Tailor.
10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. Dora Villegeis

Address, # 1038 E. Monument St

Remarks,

Rules. This Return shall contain a list of the Births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the Practitioner in the form of a Certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of Midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

5— A. 17040

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) .....

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Dec. 2d 1889

4. *Place of Birth, (Street and Number)* 307 11th St Waverly Annex

5. *Full Name of Mother,* Amie. R. Brewer

6. *Mother's Maiden Name,* " " Clark

7. *Mother's Birthplace,* Baltimore md

8. *Full Name of Father,* Isaac F. Brewer

9. *Father's Occupation,* Furniture painter

10. *Father's Birthplace,* Baltimore md

Name of Medical Attendant, or other Person who makes this Return. R. G. Rankin M. D.

Address, # 811 Jefferson Ave. Waverly, Annex

Remarks, ...

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 ch / 11 A 17041

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec. 2, '89
4. *Place of Birth, (Street and Number)* 1509 Baker St
5. *Full Name of Mother,* Emma R. Wise
6. *Mother's Maiden Name,* " " Crozier
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* Abraham Wise
9. *Father's Occupation,* Cigar Maker
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return. Dr. W. J. Chappell

Address, 1351 Gilmor St

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2. D. t. 1902
1. *Sex, (state whether male or female)*	male.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	December 9. 2.
4. *Place of Birth, (Street and Number)*	Bichele: Str.
5. *Full Name of Mother,*	Mary Stiebel.
6. *Mother's Maiden Name,*	Marie Schaefer.
7. *Mother's Birthplace,*	Baltimore.
8. *Full Name of Father,*	Andrew Stiebel.
9. *Father's Occupation,*	Laborer.
10. *Father's Birthplace,*	Baltimore.
Name of Medical Attendant, or other person who makes this Return.	Augusto Bosien.
Address,	3. Henrietta: Str.
Remarks,	

...this section shall have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

A. 170143

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* December 2 1879
4. *Place of Birth, (Street and Number)* 1107 Bradenhall St
5. *Full Name of Mother* Agnes Griffith
6. *Mother's Maiden Name* Agnes Norton
7. *Mother's Birthplace* Maryland
8. *Full Name of Father* Joshua Griffith
9. *Father's Occupation* Mechanic
10. *Father's Birthplace* Maryland

Name of Medical Attendant, or other Person who makes this Return. E. K. Wiley M.D

Address 424 N. Pleasant St

Remarks

CERTIFICATE CORRECTED 1-10-51

RETURN OF A BIRTH A. 17044

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Name John Lewis Durm 2nd child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 1st, ~~December 3rd~~ 1889
4. Place of Birth, (Street and Number) Hanover-st nr. 1336
5. Full Name of Mother, Anne Wardeline Durm
6. Mother's Maiden Name, Anne Wardeline Gordussen
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Benjiman Durm
9. Father's Occupation, Carter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. E. A Tully

Address, nr. 1828 Light st

Remarks. Doing well.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

17045

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	3rd December
4. *Place of Birth, (Street and Number)*	2nd Gool Court
5. *Full Name of Mother,*	Leouse Stock
6. *Mother's Maiden Name,*	Leouse Marly
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	George Stock
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	C A Tully
Address,	1825 Light St
Remarks,	Living Well

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 17046

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* December 31 1889

4. *Place of Birth, (Street and Number)* 1024 Dallas St

5. *Full Name of Mother,* Mary Schultz

6. *Mother's Maiden Name,* Tiburan

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* John Schultz

9. *Father's Occupation,* Oyster Packer

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Caroline Hilla

Address, 1185 Walker St.

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

births which have occurred under his or her care during the
be ascertained the full name of each child, if any shall have
been conferred) its sex, color, the full name and occupation
said schedule shall be delivered, duly signed by the practi
third day of each and every month to the office of the C
shall occur without the attendance of a physician or pra
attendance upon the mother, immediately thereafter it
child to report its birth to the Commissioner of Health, in
any such person or persons who shall hereafter fail to c
jected to the fine of ten (10) dollars for each offense, to be

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 17047

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male Frank
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 3 December 1889
4. *Place of Birth, (Street and Number)* 264 Exeter st
5. *Full Name of Mother,* Fanny Bear
6. *Mother's Maiden Name,* " Bernstein
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Simon Bear
9. *Father's Occupation,* Pedlar
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return. E Scherman

Address, Albemarle St in 103

Remarks,

KM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st & 2nd (twins)
1. *Sex (state whether male or female),*	Males
2. *Race or Color (if not of the white race),*	White A. 7048
3. *Date of Birth,*	Dec. 3. 1859
4. *Place of Birth (Street and Number),*	1225 E. Chase St.
5. *Full Name of Mother,*	Mary C. Knapp
6. *Mother's Maiden Name,*	" Poole
7. *Mother's Birthplace,*	Balt. Md.
8. *Full Name of Father,*	Com. J. Knapp
9. *Father's Occupation,*	Property Man at Theatre
10. *Father's Birthplace,*	Balt. Md.
Name of Medical Attendant, or other person who makes this Return.	Geo A Hartman M.D.
Address,	1121 N. Caroline St.
Remarks,	

This section shall not apply to any of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

A. 17019

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex (state whether male or female)*	male
2. *Race or Color (if not of the white race)*	white
3. *Date of Birth*	Dec 4 '99
4. *Place of Birth (Street and Number)*	1129 Linna ave
5. *Full Name of Mother*	Drucilla Fatthauer
6. *Mother's Maiden Name*	Hubbard
7. *Mother's Birthplace*	B. Md
8. *Full Name of Father*	Wm H Fatthauer
9. *Father's Occupation*	Furniture Dealer
10. *Father's Birthplace*	B. Md
Name of Medical Attendant, or other Person who makes this Return.	R W Price
Address	733. W. Fayette
Remarks	

Any person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, residence, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

re during the month, and shall set forth as far as the same can be
been conferred,) its sex, color, the full name and occupation of its
shall be delivered, duly signed by the practitioner in the form of a
parents, the date and place of birth, and the said schedule shall be
certificate between the first and third day of each and every mon
birth of any child shall occur without the attendance of a Physic
be in attendance upon the mother, immediately thereafter it shall
report its birth to the Commissioner of Health, in the manner a
or persons who shall hereafter fail to comply with the provisions
for each offense to be recovered as other fines and forfeitures are

ter of the births which have occurred under his or her care dur
ascertained the full name of each child (if any shall have been
sions of this section, shall be subjected to the fine of ten (10) dollars
recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	12th
1. *Sex, (state whether male or female)*	Male A. 17,150
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Dec 4/89
4. *Place of Birth, (Street and Number)*	509 S Paca Street
5. *Full Name of Mother,*	Fanny Miller
6. *Mother's Maiden Name,*	" Gusbaum
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Isaac Miller
9. *Father's Occupation,*	Merchant
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other Person who makes this Return.	A Friedenwald MD
Address,	316 N Eutaw Street
Remarks,	Baltimore

n Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th A. 17051

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Dec 4 89
4. *Place of Birth, (Street and Number)* 630 S. Fremont, Apt
5. *Full Name of Mother,* Ida P. Conway
6. *Mother's Maiden Name,* " " Griffith
7. *Mother's Birthplace,* Md City
8. *Full Name of Father,* Walter Conway
9. *Father's Occupation,* Piano Maker
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return. Jno D Blake MD

Address,

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 17052

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	1 Dec
4. *Place of Birth, (Street and Number)*	933 E Eager st
5. *Full Name of Mother,*	Mary Farrel
6. *Mother's Maiden Name,*	Mc Cabe
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	Micheal Farrel
9. *Father's Occupation,*	Saloon Keeper
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other person who makes this Return.	Mrs Julia Groom
Address,	940 N. Gay st
Remarks,	

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 17053

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Male
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* 4th Oct 1889
4. *Place of Birth, (Street and Number)* 2809. E Fayette Ext
5. *Full Name of Mother,* Kate Spitznagle
6. *Mother's Maiden Name,* Kate Shackelford
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Charles Spitznagle
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Md.

Name of Medical Attendant, or other person who makes this Return. E. W. Janney

Address, 1121 E 27 st

Remarks, Physician

GIVEN NAME ADDED 10-2.7-54

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Alice Naomi Ripple

A. 17054

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 4th December - 1889
4. *Place of Birth, (Street and Number)* 1523 William St Balto
5. *Full Name of Mother,* Sarah Heathers Ripple
6. *Mother's Maiden Name,* Sarah Heathers
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Elias Cobb Ripple
9. *Father's Occupation,* Engineer on B & O R R
10. *Father's Birthplace,* Carroll County

Name of Medical Attendant, or other person who makes this Return. E A Dulby

Address, 1827 Eight St

Remarks, Lung Well

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been omitted, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17055

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3the

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* ~~23~~ 4 of December
4. *Place of Birth, (Street and Number)* 2313 little Alice Anna Et.
5. *Full Name of Mother,* Elise Helmes
6. *Mother's Maiden Name,* — Sauer
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Georg Helmer
9. *Father's Occupation,* Laboln
10. *Father's Birthplace,* Balt.

Name of Medical Attendant, or other person who makes this Return, Mrs E. West

Address, 2524 Lancaster St.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

births which have occurred under his or her care during the
be ascertained the full name of each child, if any shall have
occupation of its parents, the date and place of birth; and the
e practitioner in the form of a certificate between the first and
of the Commissioner of Health. In case the birth of any child
or practitioner of midwifery, or should no other person be in
fter it shall become the duty of the person or parents of such
alth, in the manner and within the period above required, and
ail to comply with the provisions of this section shall be sub-
e, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 17056

No. of Child of Mother, (*state whether* 1st, 2d, 3d, &c.) 1 the

1. *Sex,* (*state whether male or female*) male
2. *Race or Color,* (*if not of the white race*) White
3. *Date of Birth,* 5th December
4. *Place of Birth,* (*Street and Number*) 611 Patterson Park Avenue.
5. *Full Name of Mother,* Mary Weily
6. *Mother's Maiden Name,* = Sanders.
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Sam Weily
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs E. Weiss

Address, 2524 Lancaster St.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 17057

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 d
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	5 th December
4. *Place of Birth, (Street and Number)*	24 W West St Balto
5. *Full Name of Mother,*	Mary Ann Mc Curty
6. *Mother's Maiden Name,*	Mary Ann Buckley
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	John Mc Curty
9. *Father's Occupation,*	Labourer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	C. A Tully
Address,	1828 Light St Balto
Remarks,	Donge Well

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17058

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* December 5/84
4. *Place of Birth, (Street and Number)* N° 1502 Thames St
5. *Full Name of Mother,* Sybilla Nelson
6. *Mother's Maiden Name,* Lomeras
7. *Mother's Birthplace,* Irland
8. *Full Name of Father,* Henry Nelson
9. *Father's Occupation,* Seaman
10. *Father's Birthplace,* Norsvegen

Name of Medical Attendant, or other person who makes this Return. Mrs. Louise Krabt

Address, N° 405 S. Washington Av.

Remarks,

Births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

A 17059

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 5th 1889,
4. *Place of Birth, (Street and Number)* 1217 W Lanvale St.
5. *Full Name of Mother,* Pauline G Curle ~~John L~~
6. *Mother's Maiden Name,* Pauline G Gaines.
7. *Mother's Birthplace,* Georgia.
8. *Full Name of Father,* John L Curle.
9. *Father's Occupation,* Salesman.
10. *Father's Birthplace,* Virginia.

Name of Medical Attendant, or other person who makes this Return. John D Pennington M.D.

Address, 807 N Carrollton Av

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

A. 17060

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* December 5. 1889
4. *Place of Birth, (Street and Number)* 633 Conway St
5. *Full Name of Mother* Mary L Shultz
6. *Mother's Maiden Name* Mary Osborn
7. *Mother's Birthplace* Maryland
8. *Full Name of Father* Edward Shultz
9. *Father's Occupation* Police officer
10. *Father's Birthplace* Maryland

Name of Medical Attendant, or other Person who makes this Return. L. K. Riley M.D.

Address 734 Cleveland St

Remarks Twins

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

E 17061

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Dec 6/89
4. *Place of Birth, (Street and Number)* N° 1618 Eastern Ave
5. *Full Name of Mother,* Caroline C Connor
6. *Mother's Maiden Name,* Oneir
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* James C Connor
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. Louise Kraft

Address, N° 405 S. Washington Ave.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 17067

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Dec 6 89
4. *Place of Birth, (Street and Number)* No 1532 Eastern Ave
5. *Full Name of Mother,* Annie Schlegel
6. *Mother's Maiden Name,* Bonnet
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George Schlegel
9. *Father's Occupation,* Cigar maker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. Louise Kraft

Address, No 405 S. Washington Ave.

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17063

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1/1

1. *Sex, (state whether male or female)* Boy
2. *Race or color, (if not of the white race)* white
3. *Date of Birth,* Decbr. 6th.
4. *Place of Birth, (Street and Number)* N. Wolf Str. # 2.
5. *Full Name of Mother,* Kath. Dietch
6. *Mother's Maiden Name,* n Long
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Peter Long
9. *Father's Occupation,* workman
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks, Mrs. Knehly midwife

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17064

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4. D.
1. *Sex, (state whether male or female)*	female.
2. *Race or Color, (if not of the white race)*	white.
3. *Date of Birth,*	December of. 6.
4. *Place of Birth, (Street and Number)*	112. Hammelbachs: Court.
5. *Full Name of Mother,*	Linna Leifert.
6. *Mother's Maiden Name,*	Linna Bode.
7. *Mother's Birthplace,*	Germany.
8. *Full Name of Father,*	Julius Leifert.
9. *Father's Occupation,*	Shoemaker.
10. *Father's Birthplace,*	Germany.
Name of Medical Attendant, or other person who makes this Return.	Auguste B. Dion.
Address,	3. Henrietta Ste.
Remarks,	

DEC 30 1899

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 17065

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec. 6 '89
4. *Place of Birth, (Street and Number)* 1071 North Ave
5. *Full Name of Mother,* Mrs Matilda M Hamp
6. *Mother's Maiden Name,* " " Schneider
7. *Mother's Birthplace,* Balto md
8. *Full Name of Father,* Conrad Hamp
9. *Father's Occupation,* Picture Frame Mfgr.
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. † C W Worthington M D

Address, 2406 Fayette St

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH (over)

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Full name of child: Henry Patrick Sorrell

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) ~~Female~~ Male A. 1766

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec 6/89

4. Place of Birth, (Street and Number) 1556 Carey St

5. Full Name of Mother, Mary Agnes Sorrell

6. Mother's Maiden Name, Mary Agnes Jones

7. Mother's Birthplace, Balto Co

8. Full Name of Father, Henry T Sorrell

9. Father's Occupation, Carpenter

10. Father's Birthplace, Balto Co

Name of Medical Attendant, or other Person who makes this Return. A C Polk

Address, 210 = Madison Ave

Remarks,

DEC 24 1889

ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) Dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 17067

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male Dolfe

2. Race or Color, (if not of the white race) White

3. Date of Birth, 6 December 1889

4. Place of Birth, (Street and Number) 622 German St.

5. Full Name of Mother, Julie Gall.

6. Mother's Maiden Name, Julie Gudman

7. Mother's Birthplace, Hungaria

8. Full Name of Father, Philip Gall

9. Father's Occupation, Superintendent

10. Father's Birthplace, Austria

Name of Medical Attendant, or other person who makes this Return, E Scherman

Address, Albemarle St cor 103

Remarks

ASCERTAINED the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recovered.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* 2 White
2. *Race or Color, (if not of the white race)* 1 Female Rosa A. 17068
3. *Date of Birth,* 6 th December 1889
4. *Place of Birth, (Street and Number)* 317 Sharp Street
5. *Full Name of Mother,* Lenie Stein
6. *Mother's Maiden Name,* Lenie Sacks
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Ulies Stein
9. *Father's Occupation,* A Tailor cuttor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return. E Scheuman

Address, Albemarle st n 103.

Remarks,

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17019

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec 6 th

4. Place of Birth, (Street and Number) 227 Holy. Ave.

5. Full Name of Mother, Carrie Lubin Bommer

6. Mother's Maiden Name, " Lemmon

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Bommer

9. Father's Occupation, Carpenter

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. John Augustus M.D.

Address, 1937 E. Monument St

Remarks,

ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

n Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

B. 17070

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 6 December 1889
4. *Place of Birth, (Street and Number)* 28 Albemarle st.
5. *Full Name of Mother,* Agusta Scheh
6. *Mother's Maiden Name,* " Scharf
7. *Mother's Birthplace,* Prucia
8. *Full Name of Father,* Mehial Scheh
9. *Father's Occupation,* Smith
10. *Father's Birthplace,* Prucia

Name of Medical Attendant, or other person who makes this Return. E Scherman

Address, Albemarle st n 103.

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 1971

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (State whether male or female)* Male
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* Dec 6. 1889.
4. *Place of Birth, (Street and Number)* 615 Fremont Road.
5. *Full Name of Mother,* Annie Elizabeth Burness
6. *Mother's Maiden Name,* Annie Elizabeth Sieguet
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Carmelius William Burness
9. *Father's Occupation,* Engineer and Grocery dealer
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. J. B. Mullin M.D.

Address, 1231 Fremont Ave Ext. Baltimore Md.

Remarks.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 1 9

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	Colored
3. *Date of Birth,*	Dec 7th 1889
4. *Place of Birth, (Street and Number)*	#907 S. Howard St.
5. *Full Name of Mother,*	Martha Jeffuson Howard
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Calvert Co Md
8. *Full Name of Father,*	Joseph Jeffuson
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Calvert Co Md
Name of Medical Attendant, or other person who makes this Return.	R. C. Lee
Address,	Howard St
Remarks,	

...can be ascertained, the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 5-23-56

CERTIFICATE CORRECTED 1-2-58

RETURN OF A BIRTH

A 17073

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name - Wilhelmina Thirkel

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Dec 7 84
4. *Place of Birth, (Street and Number)* No 2239 Eastern Ave
5. *Full Name of Mother,* Mary ~~Thirkel~~ Thirkel
6. *Mother's Maiden Name,* ~~Getz~~ Getz
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Albert ~~Thirkel~~ Thirkel
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. Louise Krault

Address, No 405 S. Washington Ave.

Remarks,

DEC 30 1927

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 4-13-56

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, ~~Baltimore~~ City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Edward Frederick Schmidt A. 1767

1. *Sex, (state whether male or female)* male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* December 9. 7, 1889
4. *Place of Birth, (Street and Number)* 1619 Light street Ext.
5. *Full Name of Mother,* Albertine Schmidt.
6. *Mother's Maiden Name,* Albertine Müller.
7. *Mother's Birthplace,* Germany.
8. *Full Name of Father,* Moritz Schmidt.
9. *Father's Occupation,* Cabinetmaker.
10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other person who makes this Return. Augusto Boisen.

Address, 3. Pennsetta. Pl.

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 17075

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Dec. 7th 1889
4. *Place of Birth, (Street and Number)* 1038 E. Lombard st.
5. *Full Name of Mother,* Mary Berman
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* Joseph Berman
9. *Father's Occupation,* Cigar maker
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return. Mrs. C. Bernstein

Address, 122 S. Exeter st.

Remarks,

be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 17076

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Dec 7th 1889
4. *Place of Birth, (Street and Number)* 122 Front st.
5. *Full Name of Mother,* Anna Hellman
6. *Mother's Maiden Name,* Jacobs
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* Max Hellman
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return. Mrs. C. Bernstein

Address, 122 S. Exeter st.

Remarks,

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7. A 17077

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec. 7, 89.
4. *Place of Birth, (Street and Number)* 909 Constitution St.
5. *Full Name of Mother,* Bridget Mc Nicholas
6. *Mother's Maiden Name,* " Howes
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* Thomas Mc Nicholas
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Md.

Name of Medical Attendant, or other person who makes this Return. J. H. Robinson

Address, 756 E. Preston St

Remarks,

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 17078

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether male or female),	Male.
2. Race or Color (if not of the white race),	Colored
3. Date of Birth,	Nov. 7. 99
4. Place of Birth (Street and Number),	1713 E. Preston St.
5. Full Name of Mother,	Ida King
6. Mother's Maiden Name,	" Comeaux
7. Mother's Birthplace,	Balto. Md.
8. Full Name of Father,	Com. H. King
9. Father's Occupation,	Baker
10. Father's Birthplace,	Texas
Name of Medical Attendant, or other person who makes this Return.	Geo A. Hartman M.D.
Address,	1121 N. Caroline St.
Remarks,	

and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17079

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	Colord
3. *Date of Birth,*	December 7th 1889
4. *Place of Birth, (Street and Number)*	771 vine St
5. *Full Name of Mother,*	Julia hawkin
6. *Mother's Maiden Name,*	Julia Brown
7. *Mother's Birthplace,*	S. River Anne Co md
8. *Full Name of Father,*	John h hawkin
9. *Father's Occupation,*	barber
10. *Father's Birthplace,*	guilford howard Co md
Name of Medical Attendant, or other person who makes this Return.	Scharlottie Williams
Address,	910 Leadinhall St
Remarks,	five dollars.

Physicians and midwives are required to ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17080

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th.

1. Sex, (State whether male or female) Male.
2. Race or color, (if not of the white race) White.
3. Date of Birth, Dec 7th 1889.
4. Place of Birth, (Street and Number) 113 Hughes st.
5. Full Name of Mother, Catherine Kelley.
6. Mother's Maiden Name, Borgott.
7. Mother's Birthplace, Ireland.
8. Full Name of Father, Patrick Kelley.
9. Father's Occupation, Ship Builder.
10. Father's Birthplace, Ireland.

Name of Medical Attendant, or other person who makes this Return. Taylor Cooke Dna

Address. 914 St Claude st

Remarks.

DEC 10 1889

CERTIFICATE CORRECTED 12-18-50

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 17081

Name: Walter J. Hoos

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* December 7 1889
4. *Place of Birth, (Street and Number)* 134 Wells St
5. *Full Name of Mother,* Jane (——) —— Hoos
6. *Mother's Maiden Name,* " (——) Ehrhart
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* John Adam (——) Hoos
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Caroline Miller

Address, 1605 Walker St.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17082

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* December 7, 1889.
4. *Place of Birth, (Street and Number)* 1537 Gay St.
5. *Full Name of Mother,* Katie Sachs
6. *Mother's Maiden Name,* Baker
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Louis Sachs
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Caroline C. Miller

Address, 1605 Walker St.

Remarks

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17083

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 20th Dec. 1889.
4. *Place of Birth, (Street and Number)* 1800 Ensor St
5. *Full Name of Mother,* Sara Barry.
6. *Mother's Maiden Name,* " Cronin.
7. *Mother's Birthplace,* Ireland.
8. *Full Name of Father,* John Barry.
9. *Father's Occupation,* Tailor.
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return, Mrs. Dena Villequette

Address, 1903 E. Monument St.

Remarks, Baird Edward Barry

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 17084

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Dec 7 89
4. *Place of Birth, (Street and Number)* No 227 S Caroline St
5. *Full Name of Mother,* Kate S Hubbard
6. *Mother's Maiden Name,* Haser
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Hubbard
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. Louise Kraft

Address, No 405 S. Washington Ld.

Remarks,

Health, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17885

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) 1st

1. *Sex*, (*state whether male or female*) Female

2. *Race or Color*, (*if not of the white race*) White

3. *Date of Birth* Dec 8, 1887

4. *Place of Birth*, (*Street and Number*) 1519 Chew Pl

5. *Full Name of Mother*, Emma C. Turner

6. *Mother's Maiden Name*, " Harper

7. *Mother's Birthplace*, Balto City

8. *Full Name of Father*, George C Turner

9. *Father's Occupation*, Musician

10. *Father's Birthplace*, Balto City

Name of Medical Attendant, or other Person who makes this Return. Wm Pitt, MD

Address, 1101 S Broadway

Remarks,

List of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been born), the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are now recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

A 17086

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	December 8th 1889
4. *Place of Birth, (Street and Number)*	Hanover st
5. *Full Name of Mother,*	Laura Virginia Horton
6. *Mother's Maiden Name,*	Laura Virginia Anderson
7. *Mother's Birthplace,*	Dorchester County M. D.
8. *Full Name of Father,*	William Roy Horton
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Virginia
Name of Medical Attendant, or other person who makes this Return.	Dr. A. Tull.
Address,	W. 1828 Light st
Remarks,	doing well

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17087

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* Dec. 8, 1889
4. *Place of Birth, (Street and Number)* 522 N. Schroder St.
5. *Full Name of Mother,* Amanda Morrow.
6. *Mother's Maiden Name,* " Howser.
7. *Mother's Birthplace,* Maryland.
8. *Full Name of Father,* Geo. Morrow.
9. *Father's Occupation,* Reporter of Sun.
10. *Father's Birthplace,* Pennsylvania.

Name of Medical Attendant, or other person who makes this Return, G. Lane Taneyhill

Address, 1103 Madison avenue.

Remarks,

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 17088

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Dec 8 89
4. *Place of Birth, (Street and Number)* No 314 S. Wolf St
5. *Full Name of Mother,* Lisbeth Jones
6. *Mother's Maiden Name,* Donahue
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Louis Jones
9. *Father's Occupation,* Engineer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. Louise Kraft

Address, No 405 S. Washington Ave

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

OCT 30 1889

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A 17089

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 1st

1. *Sex,* (*state whether male or female*) male

2. *Race or Color,* (*if not of the white race*) White

3. *Date of Birth,* Dec 8 89

4. *Place of Birth,* (*Street and Number*) 825 W. Fayette

5. *Full Name of Mother,* Anna M. C. Leonard

6. *Mother's Maiden Name,* " " Jones

7. *Mother's Birthplace,* Balto

8. *Full Name of Father,* Henry McLeonard

9. *Father's Occupation,* Bookkeeper

10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other Person who makes this Return. J. A. Bonnaud

Address, 588 N. Arlington Ave

Remarks,

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH A 17090

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child

1. *Sex, (state whether male or female)* Mail
2. *Race or Color, (if not of the white race)* Colored —
3. *Date of Birth,* December 5th
4. *Place of Birth, (Street and Number)* 806 Eutaw 2d —
5. *Full Name of Mother,* Catharine Cathrone —
6. *Mother's Maiden Name,* Catharine Polley
7. *Mother's Birthplace,* Maitland Va —
8. *Full Name of Father,* James Polley
9. *Father's Occupation,* Labor —
10. *Father's Birthplace,* Dorchester County md —

Name of Medical Attendant, or other person who makes this Return. Mulley Grand

Address, 229 Cyard Ave

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 17091

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Dec 8/89
4. *Place of Birth, (Street and Number)* N° 1614 Eutaw Ave
5. *Full Name of Mother,* Laura Higgins
6. *Mother's Maiden Name,* Schuh
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Higgins
9. *Father's Occupation,* Capitain
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. Louise Kraft

Address, N° 405 S. Washington Ave.

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17097

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) No 6

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth* Dec 9, 1889

4. *Place of Birth, (Street and Number)* 1408 N. Chester St

5. *Full Name of Mother,* Catharine Johnson

6. *Mother's Maiden Name,* " Bell

7. *Mother's Birthplace,* Harford Co Md

8. *Full Name of Father,* John Johnson

9. *Father's Occupation,* Driver

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. W. H. White, M.D.

Address, 1101 N. Broadway

Remarks,

ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Lillian Naomi Bransky

A. 17093

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 9 December 1889
4. *Place of Birth, (Street and Number)* 285 Exeter St.
5. *Full Name of Mother,* Rosa Bransky
6. *Mother's Maiden Name,* Rosa Melnekof
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Nathen Bransky.
9. *Father's Occupation,* Operator
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return. E Sherman

Address, Albemarle St N 103

Remarks, GIVEN NAME ADDED. 5-15-52

e ascertained the full name of each child, if any shall have
upation of its parents, the date and place of birth, and the
practitioner, a midwife or nurse, a certificate between the first and
the Commissioner of Health. In case the birth of any child
r practitioner of midwifery, or should no other person be in
r it shall become the duty of the person or parents of such
attendance upon the mother, immediately thereafter it shall
child to report its birth to the Commissioner of Health, in
to comply with the provisions of this section shall be sub-
any such person or persons who shall hereafter fail
to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17094

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex, (State whether male or female)* Male.
2. *Race or color, (if not of the white race)* White.
3. *Date of Birth,* Dec. 9th 1889.
4. *Place of Birth, (Street and Number)* 573 W. Preston st.
5. *Full Name of Mother,* Mary R. Sclesfu.
6. *Mother's Maiden Name,* " " Bach.
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Chas. F. Sclesfu.
9. *Father's Occupation,* Designer + Engraver.
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return Hooder Cooke Md

Address, 914 St Charles St

Remarks,

DEC 9 1889

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d A 17095

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 9th 1889
4. *Place of Birth, (Street and Number)* 233 11th St Waverly Annex
5. *Full Name of Mother,* Mary J. Bradley
6. *Mother's Maiden Name,* " " Nerney
7. *Mother's Birthplace,* Washington D.C.
8. *Full Name of Father,* James Bradley
9. *Father's Occupation,* Gass fitter
10. *Father's Birthplace,* Hagerstown Md

Name of Medical Attendant, or other Person who makes this Return. R.G Rankin M.D

Address, 811 Jefferson Ave Waverly

Remarks,

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17096

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec. 9th ~~Dec~~ 89
4. *Place of Birth, (Street and Number)* 131 Augusta St
5. *Full Name of Mother,* Ida G. Dobler
6. *Mother's Maiden Name,* " " Gehring
7. *Mother's Birthplace,* a.
8. *Full Name of Father,* Gustavus H. Dobler
9. *Father's Occupation,* Merchant
10. *Father's Birthplace,* a

Name of Medical Attendant, or other person who makes this Return. Frank G. Dorsch

Address, 1712 E Baltimore

Remarks,

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 17097

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* Dec 4/84

4. *Place of Birth, (Street and Number)* N° 1905 Canton Ave

5. *Full Name of Mother,* Annie Ballon

6. *Mother's Maiden Name,* Killian

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Joseph Ballon

9. *Father's Occupation,* Laborer

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. Louise Graft

Address, N° 405 S. Washington St.

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

5A. 17098

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Dec 9/89
4. *Place of Birth, (Street and Number)* N° 500 S. Wolf St
5. *Full Name of Mother,* Susanna Meyer
6. *Mother's Maiden Name,* Kohler
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* August Meyer
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. Louise Keat.

Address, N° 405 S. Washington St.

Remarks,

DEC 30 1889

...ained the full name of each child, if any shall have ...en of its parents, the date and place of birth; and the ...tioner in the form of a certificate between the first and ...ommissioner of Health. In case the birth of any child ...ctitioner of midwifery, or should no other person be in ...hall become the duty of the person or parents of such ...the manner and within the period above required, and ...mply with the provisions of this section shall be sub- ...recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 17099

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Ninth day of November
4. *Place of Birth, (Street and Number)* 212 Saler Street
5. *Full Name of Mother,* Catherine Burns
6. *Mother's Maiden Name,* Catherine Carey
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* William Burns
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return, Mrs. Shadinay

Address, 612 Cumberland St

Remarks, Duly attended

be ascertained the full name of each child, if any shall have occupation of its parents, the date and place of birth; and the practitioner in the form of a certificate between the first and of the Commissioner of Health. In case the birth of any child or practitioner of midwifery, or should no other person be in ter it shall become the duty of the person or parents of such alth, in the manner and within the period above required, and il to comply with the provisions of this section shall be sub- to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Female A 1100

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Dec. 96

4. *Place of Birth, (Street and Number)* 115 S. Gilmore St

5. *Full Name of Mother:* Jane Robert

6. *Mother's Maiden Name,* Jane Marks

7. *Mother's Birthplace,* Baltimore Md

8. *Full Name of Father,* John Roberts

9. *Father's Occupation,* Commission Merchant

10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. James Bacon M D

Address, 1100 Lafayette Ave.

Remarks,

I have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

Over

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

A. 17101

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female)* (M) Male

2. *Race or Color (if not of the white race)* C

3. *Date of Birth* Dec. (7) 1889

4. *Place of Birth (Street and Number)* 1072 Rabun St

5. *Full Name of Mother* Matilda Johnson

6. *Mother's Maiden Name* " Brown

7. *Mother's Birthplace* Balt.

8. *Full Name of Father* (James Johnson) Stansbury Johnson

9. *Father's Occupation* Farmer

10. *Father's Birthplace* (Balt.) Queens Anne - Md.

Name of Medical Attendant, or other Person who makes this Return. C. H. Neff

Address 763 N. Fayette St

Remarks Full name of child - John A. Johnson

At the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

DEC 27

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th L. 17102

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 9th 1889
4. *Place of Birth, (Street and Number)* 928 Bevan Ave
5. *Full Name of Mother,* Lena Zuleh
6. *Mother's Maiden Name,* Bloier
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Zuleh
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. John Zuleh

Address, 928 Bevan

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 A. 17103

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* Dec 10/89

4. *Place of Birth, (Street and Number)* E. E. Hill, Md

5. *Full Name of Mother,* Annie E. Meetden

6. *Mother's Maiden Name,* " " Kaufman

7. *Mother's Birthplace,* City

8. *Full Name of Father,* John M Meetden

9. *Father's Occupation,* Driver

10. *Father's Birthplace,* City

Name of Medical Attendant, or other person who makes this Return, Jno D Blanchard

Address,

Remarks,

e ascertained the full name of each child. If any shall have
been conferred) its sex, color, the full name and occupation
said schedule shall be delivered, duly signed by the practi
third day of each and every month to the office of the Co
shall occur without the attendance of a physician or prac
attendance upon the mother, immediately thereafter it sh
child so report its birth to the Commissioner of Health, in
any such person or persons who shall hereafter fail to co
jected to the fine of ten (10) dollars for each offense, to be r

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A 17104

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Dec. 10th 1889

4. *Place of Birth, (Street and Number)* 720 N. Eutaw St

5. *Full Name of Mother,* Louisa Cecelia Thielke

6. *Mother's Maiden Name,* " " Bauers

7. *Mother's Birthplace,* Balto "

8. *Full Name of Father,* Frank Robt " Thielke

9. *Father's Occupation,* Harness Maker "

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return, L. E. Peace and

Address, 319 N. Monument St

Remarks,

...er care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of mid wifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...n Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 17105

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 Child.
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Dec 10 1889.
4. *Place of Birth, (Street and Number)*	322 Pratt st.
5. *Full Name of Mother,*	Anna Manske.
6. *Mother's Maiden Name,*	Wenderoh.
7. *Mother's Birthplace,*	Germany.
8. *Full Name of Father,*	August Manske.
9. *Father's Occupation,*	Cementer.
10. *Father's Birthplace,*	Germany.
Name of Medical Attendant, or other person who makes this Return,	J. Lahwasser. Midwife.
Address,	1032 Hanover st.
Remarks,	

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) A. 17106

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Dec 10/89
4. *Place of Birth, (Street and Number)* N° 2539 Lancaster St.
5. *Full Name of Mother,* Augusta Kempke
6. *Mother's Maiden Name,* Biesecz
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Gustav Kempke
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mrs. Louise Graft

Address, N° 405 S. Washington St.

Remarks,

Births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 1707

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex, (state whether male or female)* female.
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Dec. 10th 1889
4. *Place of Birth, (Street and Number)* 1408 E. Lombard st.
5. *Full Name of Mother,* Sarah Stoll
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* Marcus Stoll
9. *Father's Occupation,*
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return. Mrs. C. Bernstein

Address, 122 S. Exeter st.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

A. 1708

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* December 10th 1889
4. *Place of Birth, (Street and Number)* 611 Leonway St
5. *Full Name of Mother* Louisa Schaaf
6. *Mother's Maiden Name* Louisa Reichhardt
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* George Schaaf
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Baltimore City Md

Name of Medical Attendant, or other Person who makes this Return. L K Wiley M.D.

Address 934 N Leanard St

Remarks

...e the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 1709

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Dec. 10/89

4. *Place of Birth, (Street and Number)* 110 S. Charles

5. *Full Name of Mother,* Catee Ella Smith

6. *Mother's Maiden Name,* Dawley

7. *Mother's Birthplace,* Va.

8. *Full Name of Father,* Chas. H. Smith

9. *Father's Occupation,* Shoe Manufacturer

10. *Father's Birthplace,* Pa.

Name of Medical Attendant, or other Person who makes this Return J. A. Shriston M.D.

Address, 1821 Madison Ave.

Remarks,

any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

& CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second A 17110

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, December 10th 1889

4. Place of Birth, (Street and Number) 906 Fawn st

5. Full Name of Mother, Mathilda Glass

6. Mother's Maiden Name, Berg

7. Mother's Birthplace, Meadville Pa.

8. Full Name of Father, Adolph Glass

9. Father's Occupation, Book Keeper

10. Father's Birthplace, Pittsburg Pa.

Name of Medical Attendant, or other person who makes this Return. L. A. Wiedemuth M.D

Address, 25 S. Eden st

Remarks,

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd A'n'll

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec. 10. 1889
4. *Place of Birth, (Street and Number)* 553 Mosher St
5. *Full Name of Mother,* Mamie Ella Wood
6. *Mother's Maiden Name,* " " Elwood
7. *Mother's Birthplace,* Washington DC
8. *Full Name of Father,* Jno. B. Wood
9. *Father's Occupation,* Telegraph operator
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return. Mary J. Brown

Address, 1131 Baltimore St.

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the office of the Commissioner of Health, on the third day of each and every month to the office of the Commissioner of Health. If case the birth of any child shall occur without the attendance of a physician or practitioner, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other debts and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 17112

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Blk
3. *Date of Birth,* Dec. 10, '89
4. *Place of Birth, (Street and Number)* 1529 Ballow Alley
5. *Full Name of Mother,* Eliza Ellen Davis
6. *Mother's Maiden Name,* Eliza Ellen Selby
7. *Mother's Birthplace,* Eastern shore
8. *Full Name of Father,* George Hawkins
9. *Father's Occupation,* Hackster
10. *Father's Birthplace,* Dont Know

Name of Medical Attendant, or other person who makes this Return, Ellen Burgess

Address, 2205 Division St

Remarks,

DEC 21 1889

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A. 1713

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th & 5th Twins

1. *Sex, (~~state whether~~ male ~~or female~~)* Both Males
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 10th 1889
4. *Place of Birth, (Street and Number)* 119 Brady Ave Waverly Annex
5. *Full Name of Mother,* Annie. E. Smith
6. *Mother's Maiden Name,* " " Royall
7. *Mother's Birthplace,* Connecticut
8. *Full Name of Father,* William Smith
9. *Father's Occupation,* Coach painter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. R. G. Rankin M. D

Address, 811 Jefferson Ave Waverly.

Remarks,

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

ascertained the full name of each child. (If any shall have
upation of its parents, the date and place of birth; and the
ractitioner in the form of a certificate between the first and
e Commissioner of Health. In case the birth of any child
practitioner of midwifery, or should no other person be in
it shall become the duty of the person or parents of such
, in the manner and within the period above required, and
o comply with the provisions of this section shall be sub-
be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th Child A. 17114

1. *Sex, (State whether male or female)* Male
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* DEC 10 1889
4. *Place of Birth, (Street and Number)* 120 Jackson Sqr Balto City
5. *Full Name of Mother,* Selma Stolfort
6. *Mother's Maiden Name,* Selma Brodel
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John C Stolfort
9. *Father's Occupation,* Farmer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Hunter Cook Hill

Address, 914 N Charles St

Remarks,

DEPARTMENT OF HEALTH DEC 19 1889 BALTIMORE

WM. J. O. HILLARY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th A 1715

1. *Sex, (state whether male or female)* Male
2. *Race or color, (if not of the white race)*
3. *Date of Birth,* 11 December 1889
4. *Place of Birth, (Street and Number)* 2929 Linden Ave
5. *Full Name of Mother,* Anna Gugenheim
6. *Mother's Maiden Name,* Anna Schlater
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Frank Gugenheim
9. *Father's Occupation,* Businessman
10. *Father's Birthplace,* Oakland Md

Name of Medical Attendant, or other person who makes this Return. Mrs H. Meek

Address, # 807 St. and St. Baltimore

Remarks, Mrs H. Meeks removed residence
to 807 S. Bond St Baltimore

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A-12118

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 nd child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	December 11th 1889
4. *Place of Birth, (Street and Number)*	Gilroy Avenue No. 1254
5. *Full Name of Mother,*	Carrie Hartlove
6. *Mother's Maiden Name,*	Carrie Ducey
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Samuel Hartlove
9. *Father's Occupation,*	Machinest
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	E. J. Tully
* *Address,*	No. 1828 Light st
Remarks,	doing well

DEC 23 1889

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A. 1717

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Twins 2d.
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	December 11th 1869
4. Place of Birth (Street and Number)	863. Lombard ave.
5. Full Name of Mother	Sarah E. Clarence
6. Mother's Maiden Name	Mason
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Wm. H. Clarence
9. Father's Occupation	Printer
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Dr. Kinsey M.D
Address	1220 E. Fayette St
Remarks	Twins Natural Very Respiration at full term

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 7118

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) (2nd) Second

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* December 11. 1879
4. *Place of Birth (Street and Number),* 628 Brune Street
5. *Full Name of Mother,* Alice Elizabeth Hammond
6. *Mother's Maiden Name,* Alice Elizabeth Crendorff
7. *Mother's Birthplace,* Carroll County Maryland
8. *Full Name of Father,* Calvin Cramer Hammond
9. *Father's Occupation,* News Dealer
10. *Father's Birthplace,* Frederick County Maryland

Name of Medical Attendant, or other person who makes this Return. J. C. Baumgartner

Address, 212 N. Franklin St

Remarks,

...ertained the full name of each child. (If any shall have been con-
...of its parents, the date and place of birth; and the said schedule
...in the form of a certificate between the first and third day of
...ner of Health. In case the birth of any child shall occur without
...dwifery, or should no other person be in attendance upon the
...duty of the person or parents of such child to report its birth to
...hin the period above required, and any such person or persons
...ns of this section shall be subjected to the fine of ten (10) dollars
...forfeitures are recoverable.

ferred. Its sex, color, the full name and occupation of its
shall be delivered, duly signed by the practitioner in the
each and every month to the office of the Commissioner of
the attendance of a physician or practitioner of midwifery
mother. Immediately thereafter it shall become the duty
the Commissioner of Health, in the manner and within the
who shall hereafter fail to comply with the provisions of
for each offence, to be recovered as other fines and forfeitures

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RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th. A. 17179

1. *Sex, (state whether male or female)* Male.
2. *Race or Color. (if not of the white race)* White.
3. *Date of Birth,* Dec. 11th 1889.
4. *Place of Birth, (Street and Number)* #206 Saratoga St.
5. *Full Name of Mother,* Annie Montgomery.
6. *Mother's Maiden Name,* Unger.
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* John Montgomery.
9. *Father's Occupation,* Eating Saloon.
10. *Father's Birthplace,* Ireland.

Name of Medical Attendant, or other person who makes this Return. Mrs. Dena Hillegeist

Address, #708 E. Monument St

Remarks,

been entered in its proper place, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered daily signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of the Registrar of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 17120

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Dec 11/89
4. *Place of Birth, (Street and Number)* No 418 Dunyan Alley
5. *Full Name of Mother,* Mary Miller Stern
6. *Mother's Maiden Name,* Baltimore
7. *Mother's Birthplace,*
8. *Full Name of Father,* Henry Miller
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mrs. Louise Kraft

Address, No 405 S. Washington Ave.

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 1721

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Dec. 11th 1889
4. *Place of Birth, (Street and Number)* N. Exeter st.
5. *Full Name of Mother,* Mary Foeller
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Foeller
9. *Father's Occupation,* Saloon Keeper
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. C. Bernstein

Address, 122 S. Exeter st.

Remarks,

DEC 24 1889

ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) fourth A. 17172

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 11 89
4. *Place of Birth, (Street and Number)* 25 Lingo Av
5. *Full Name of Mother,* Rachel Glass
6. *Mother's Maiden Name,* Fried
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Herman Glass
9. *Father's Occupation,* Cantor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. A Friedenwald

Address, 310 N Eutaw St

Remarks,

parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall report its birth to the Commissioner of Health, in the manner and or persons who shall hereafter fail to comply with the provisions of for each offense to be recovered as other fines and forfeitures are r

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RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 17123

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	12 Dec
4. *Place of Birth, (Street and Number)*	1306 N. Spring st
5. *Full Name of Mother,*	Sophia Straub
6. *Mother's Maiden Name,*	" Stoll
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Charles Straub
9. *Father's Occupation,*	Salesman
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs Julia Groom
Address,	940 N. Gay st
Remarks,	

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents or such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

on of its parents, the date and place of birth; and the
tioner in the form of a certificate between the first and
ommissioner of Health. In case the birth of any child
ctitioner of midwifery, or should no other person be in
shall become the duty of the person or parents of such
the manner and within the period above required, and
omply with the provisions of this section shall be sub-
ecovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Roy S Duncan A 17124

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex, (state whether male or female)* Male
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* Dec. 12th 1889
4. *Place of Birth, (Street and Number)* 1608 Gough St.
5. *Full Name of Mother,* Mary Amanda Duncan
6. *Mother's Maiden Name,* Sanner
7. *Mother's Birthplace,* City
8. *Full Name of Father,* John Haughton Duncan
9. *Father's Occupation,* Clerk Record Office
10. *Father's Birthplace,* City

Name of Medical Attendant, or other person who makes this Return. E. L. Irons M.D.

Address, 1935 E. Baltimore St.

Remarks,

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17175

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* December 12. 1889.
4. *Place of Birth, (Street and Number)* 40 Albemarle st.
5. *Full Name of Mother,* Lina Needle
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* Samuel Needle
9. *Father's Occupation,*
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return. Mrs. C. Bernstein

Address, 122 S. Exeter st.

Remarks,

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

ferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

A 17126

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	(10) Tenth
1. Sex (state whether male or female),	~~F~~ Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	Dec 12 '89
4. Place of Birth (Street and Number),	no 5 12 Port st
5. Full Name of Mother,	Mary Ipsen
6. Mother's Maiden Name,	Mary Wood
7. Mother's Birthplace,	Baltimore Md
8. Full Name of Father,	Hammad Ipsen
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Baltimore Md
Name of Medical Attendant, or other person who makes this Return.	Mrs R A Taylor
Address,	524 Canton ave
Remarks,	Balto Md

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RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 1727

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (State whether male or female) Female

2. Race or color, (if not of the white race) White

3. Date of Birth, DEC 12 1889

4. Place of Birth. (Street and Number) 1030 E Broadway Balto City

5. Full Name of Mother, Lyda G McNeal

6. Mother's Maiden Name, Lyda E Baston

7. Mother's Birthplace,

8. Full Name of Father, Andrew E McNeal

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. Lucy Clarke Md

Address, 914 N Charles St

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17128

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 the

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 12 December
4. *Place of Birth, (Street and Number)* 2501 Lancaster St.
5. *Full Name of Mother,* Catharina Hoffman
6. *Mother's Maiden Name,* = Ihle's
7. *Mother's Birthplace,* Hessen Darmstadt
8. *Full Name of Father,* Elias Hoffman
9. *Father's Occupation,* Butcher
10. *Father's Birthplace,* Bavaria

Name of Medical Attendant, or other person who makes this Return, Mrs G. Weiss

Address, 2524 Lancaster St.

Remarks,

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17129

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex (state whether male or female),* female
2. *Race or Color (if not of the white race),* Colored
3. *Date of Birth,* Dec 12 1889
4. *Place of Birth (Street and Number),* 106 Mulberry St
5. *Full Name of Mother,* Sarah Hickman
6. *Mother's Maiden Name,* Sarah Mollare
7. *Mother's Birthplace,* Prince George C o
8. *Full Name of Father,* John Hickman
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Charles C o

Name of Medical Attendant, or other person who makes this Return. Mrs Charity Jones

Address, 101 E mulbery St

Remarks,

shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A 171130

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third -

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* Hebrew -
3. *Date of Birth,* December 17. 1889.
4. *Place of Birth, (Street and Number)* 1722 N Chester Street
5. *Full Name of Mother,* Minnie Elkeus
6. *Mother's Maiden Name,* Minnie ~~Simpson~~ Dimson
7. *Mother's Birthplace,* Germany -
8. *Full Name of Father,* Sigmund Elkeus.
9. *Father's Occupation,* Salesman
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. J. J. Mackenzie

Address, 1441 N Gay Street

Remarks, (Mrs Hammerle / Nurse

JOHN D. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

(over)

A 17137

Name of child: Joseph Carroll Burns, 4th.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. *Sex*, (state whether male or female) Male.
2. *Race or Color*, (if not of the white race) White.
3. *Date of Birth*, Dec. 12th 1889.
4. *Place of Birth*, (Street and Number) #1036 Gally St.
5. *Full Name of Mother*, Mary Burns.
6. *Mother's Maiden Name*, Connaughton.
7. *Mother's Birthplace*, Ireland.
8. *Full Name of Father*, James Burns.
9. *Father's Occupation*, Gasfitter.
10. *Father's Birthplace*, Ireland

Name of Medical Attendant, or other person who makes this Return, Mrs. Bernadette Regent

Address, #1038 E. Monument St.

Remarks,

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

A 17132

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* Dec. 13. 89
4. *Place of Birth (Street and Number)* 519 W. Preston
5. *Full Name of Mother* Martha ann Carter
6. *Mother's Maiden Name* Martha ann Jassaway
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Leander Andrew Carter
9. *Father's Occupation* Janitor
10. *Father's Birthplace* Abingdon Va

Name of Medical Attendant, or other Person who makes this Return. H Boyd Wylie M.D

Address 619 N. Calhoun St.

Remarks

Every Midwife or other person who shall attend, assist or be present at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A. 17133

No. of Child of Mother, (*state whether* 1st, ~~2d, 3d, &c.~~)

1. *Sex,* (~~*state whether*~~ *male* ~~*or female*~~)
2. *Race or Color,* (*if not of the white race*) White
3. *Date of Birth,* Dec 13th
4. *Place of Birth,* (*Street and Number*) 217 W. Saratoga St
5. *Full Name of Mother,* Maria Catherine Haefner
6. *Mother's Maiden Name,* Maria Schmidt
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* John Anthony Haefner
9. *Father's Occupation,* Ldy Official
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other Person who makes this Return, Jno Bartsman M. D.

Address, 708 Madison ave

Remarks,

---

date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. D. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 17132

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	Dec 18th
4. *Place of Birth, (Street and Number)*	808 Scott St
5. *Full Name of Mother,*	Elizabeth Beckett
6. *Mother's Maiden Name,*	" Martin
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Thomas Beckett
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs Mary Horrigan
Address,	412 Scott St
Remarks,	

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

A. O. SULLANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17135

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* December 13 1879

4. *Place of Birth, (Street and Number)* 1414 Lombard St

5. *Full Name of Mother,* Minnie Thiele

6. *Mother's Maiden Name,* Hoffmier

7. *Mother's Birthplace,* Baltimore Md

8. *Full Name of Father,* Fredrick Thiele

9. *Father's Occupation,* Goldsmith

10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Carolina Miller

Address, 1605 N Caroline St.

Remarks,

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17136

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 Child

1. *Sex, (state whether male or female)* Maidhan
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 13 December 1889
4. *Place of Birth, (Street and Number)* Oller St No 2531
5. *Full Name of Mother,* Emma Firth
6. *Mother's Maiden Name,* Robison
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Firth
9. *Father's Occupation,* Engineer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return.

Address, 1 Carrie Emma Hodges

Remarks, Biddle St No 1933

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

be ascertained the full name of each child, if any shall have occupation of its parents, the date and place of birth, and the e practitioner in the form of a certificate between the first and f the Commissioner of Health. In case the birth of any child or practitioner of midwifery, or should no other person be in fter it shall become the duty of the person or parents of such alth, in the manner and within the period above required, and il to comply with the provisions of this section shall be sub- to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 1713

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3, Child
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	December 13 1887
4. *Place of Birth, (Street and Number)*	Bayde St 114
5. *Full Name of Mother,*	Bridget Morrice
6. *Mother's Maiden Name,*	Bridget Conners
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	Patrick Morrice
9. *Father's Occupation,*	Laber
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other person who makes this Return.	Susan Hunter
Address,	23 N Poppleton St
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17138

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Dec 13/84
4. *Place of Birth, (Street and Number)* No 1834 Madison St.
5. *Full Name of Mother,* Kate Mills
6. *Mother's Maiden Name,* Corss
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Robert Mills
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. Louise Kupfer

Address, No 405 S. Washington Ave.

Remarks,

Health. This Schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 17139

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white.
3. *Date of Birth,* 13th December 1884.
4. *Place of Birth, (Street and Number)* No: 420 Fredrick ave.
5. *Full Name of Mother,* Elizabeth Peddicord
6. *Mother's Maiden Name,* Elizabeth Sibercisen
7. *Mother's Birthplace,* Baltimore Co:
8. *Full Name of Father,* Gilbert W Peddicord
9. *Father's Occupation,* Contracter
10. *Father's Birthplace,* Baltimore Co:

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

month, and shall set forth as far as the same can be ascertained the births which have occurred under his or her care during the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner or midwife, to the office of the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner in the form of a certificate between the first and shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17140

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex, (state whether male or female)* Female Twins
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* 13th Dec. 1889
4. *Place of Birth, (Street and Number)* 621 N. Washington St.
5. *Full Name of Mother,* Mary Alfonso Wilson
6. *Mother's Maiden Name,* Wilson
7. *Mother's Birthplace,* Deals Island Somerset Co. Md.
8. *Full Name of Father,* Samuel James David Wilson
9. *Father's Occupation,* Police Officer
10. *Father's Birthplace,* Deals Island Somerset Co. Md.

Name of Medical Attendant, or other person who makes this Return. C. D. Stone M.D.

Address, 1835 E. Baltimore

Remarks.

Each conferred its sex, color, the full name and occupation of each child, (if any shall have been born before,) the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

A 17141

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second.

1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)* —
3. *Date of Birth* Dec. 10 1889.
4. *Place of Birth (Street and Number)* 2125 Calvert St.
5. *Full Name of Mother* Anna P. Tarran
6. *Mother's Maiden Name* Anna P. Hammond
7. *Mother's Birthplace* Virginia
8. *Full Name of Father* Sprague Tarran
9. *Father's Occupation* Merchant.
10. *Father's Birthplace* So. Carolina

Name of Medical Attendant, or other Person who makes this return Jno Frahm M.D.

Address 2053 N. Calvert St. Balto.

Remarks —

advise at the birth of any child, within the City of Balt... within six days thereafter, stating distinctly the date of ... born, its or their physical condition, whether still born or ... the parents, and the maiden name of the mother of such child or children.

DEC 24 '89

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

advise at the birth of any child, within the City of Baltimore, the person in charge, who shall attend, assist or within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. A. 19142

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) — Second Born & Last Child

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Dec - 10. 1898.
4. *Place of Birth (Street and Number)* Guilford Ave - 10 -
5. *Full Name of Mother* Johanna Meyers.
6. *Mother's Maiden Name* Don't Know
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* James A Meyers
9. *Father's Occupation* Don't Know
10. *Father's Birthplace* New York.

Name of Medical Attendant, or other Person who makes this return Dr. Bendix Hull.

Address 2103 N. Calvert St.

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH A 17143

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Dec 13/89
4. *Place of Birth, (Street and Number)* N^o 620 S. Burke St.
5. *Full Name of Mother,* Marie Sanitzki
6. *Mother's Maiden Name,* Porsinger
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Otto Sanitzki
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mrs. Louise Kraft

Address, N^o 405 S. Washington St.

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male A. 171 HH

2. *Race or Color, (if not of the white race)* Colored

3. *Date of Birth,* Friday December 13th 1889

4. *Place of Birth, (Street and Number)* 1010 Park Ave

5. *Full Name of Mother,* Julia ~~Jackson~~ Hawkins

6. *Mother's Maiden Name,* Julia Jackson

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* John Thomas Hawkins

9. *Father's Occupation,* Labourer

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, Mrs Fossett, or other Person who makes this Return.

Address,

Remarks,

Murphy & Co., City Printers and Stationers.

be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 17145

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* December 13, 1889.
4. *Place of Birth, (Street and Number)* 1216 Mc Elderry St
5. *Full Name of Mother,* Tina Harris
6. *Mother's Maiden Name,* — Steiner
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* Samuel Harris
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return. Mrs Cecilie Bernstein

Address, 122 S. Exeter st

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 7746

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* white
3. *Date of Birth,* Dec. 14/89
4. *Place of Birth (Street and Number),* 330 Lexington av.
5. *Full Name of Mother,* Emma Powell
6. *Mother's Maiden Name,* Emma Rabbit
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Frank Powell
9. *Father's Occupation,* Marine
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return. R. W. Mansfield M.D.

Address, 129 S. Broadway

Remarks,

ferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or mother, immediately thereafter it shall become the duty of the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers.

be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten 10 dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17147

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* December 14. 1889.
4. *Place of Birth, (Street and Number)* 403 Central Ave.
5. *Full Name of Mother,* Hanora Diggins
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Cornelius Diggins
9. *Father's Occupation,*
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return. Mrs C. Bernstein

Address, 122 S. Exeter st

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17148

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 11 December.
4. *Place of Birth, (Street and Number)* Ridgely St. 1021.
5. *Full Name of Mother,* Josphine Miller
6. *Mother's Maiden Name,* " Gegel.
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Miller
9. *Father's Occupation,* Farmer.
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Bange

Address, 711 Cross St.

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 1749

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 2d.

1. *Sex,* (*state whether male or female*) Male

2. *Race or color,* (*if not of the white race*) ~~White~~ White

3. *Date of Birth,* 14th Dec 1889

4. *Place of Birth,* (*Street and Number*) 103 S. Penn St.

5. *Full Name of Mother,* Mary Annie Koontz

6. *Mother's Maiden Name,* Markel

7. *Mother's Birthplace,* Balto. Co. Md.

8. *Full Name of Father,* Wm Charles Koontz

9. *Father's Occupation,* Provision dealer

10. *Father's Birthplace,* Balto Co. Md.

Name of Medical Attendant, or other person who makes this Return. E. L. Thurs M.D.

Address, 1035 E. Balto St.

Remarks,

... conferred its sex, color, the full name and ... of each child, if any shall have ... said schedule shall be delivered, duly signed by ... third day of each and every month to the office ... shall occur without the attendance of a physician ... attendance upon the mother, immediately thereafter ... child to report its birth to the Commissioner of Health ... any such person or persons who shall hereafter ... jected to the fine of ten (10) dollars for each offence, ... offence recovered as other fines and forfeitures are recoverable.

... G. DULANY & CO., CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 6-17-52

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Charles Henry Boerder

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

A 1950

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) W
3. Date of Birth Dec 14th 1889
4. Place of Birth, (Street and Number) 865 N Howard
5. Full Name of Mother, Elizabeth G. Boerder
6. Mother's Maiden Name, Elizabeth Boerder
7. Mother's Birthplace, Balto
8. Full Name of Father, Emile Boerder
9. Father's Occupation, Upholsterer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. F. E. Chatard Jr

Address, 516 Park

Remarks,

John Murphy & Co., City Printers and Stationers.

...which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the date and place of birth, and the said schedule shall be parents, the date and place of birth, and the said schedule shall be certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall report its birth to the Commissioner of Health, in the manner and or persons who shall hereafter fail to comply with the provisions of for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17157

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Dec 17/89
4. *Place of Birth, (Street and Number)* N° 2243 Eastern Ave.
5. *Full Name of Mother,* Kate Stintz
6. *Mother's Maiden Name,* Seidler
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Stintz
9. *Father's Occupation,* Cigar-maker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. Louise Kraft

Address, N° 405 S. Washington St.

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 1757

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth Dec 14, 1889

4. Place of Birth, (Street and Number) 1318 N. Broadway

5. Full Name of Mother, Emma R. Dennis

6. Mother's Maiden Name, Tuttle

7. Mother's Birthplace, New York

8. Full Name of Father, Samuel Dennis

9. Father's Occupation, Miner

10. Father's Birthplace, England

Name of Medical Attendant, or other Person who makes this Return. Wm Reis, M.D.

Address, 1101 N. Broadway

Remarks,

...her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...ers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 17153

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	Dec 14th
4. *Place of Birth, (Street and Number)*	804 St Peter St
5. *Full Name of Mother,*	Margaret Wilkins
6. *Mother's Maiden Name,*	" Johnson
7. *Mother's Birthplace,*	Baltimore.
8. *Full Name of Father,*	William Wilkins
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Virginia
Name of Medical Attendant, or other person who makes this Return.	Mrs Mary Harrigan
Address,	412 Scott St
Remarks,	

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

... J. D. SULANY & CO., CITY PRINTERS AND STATIONERS.

be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A. 1715

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	14 th December
4. *Place of Birth, (Street and Number)*	No 14 Old St Balto
5. *Full Name of Mother,*	Eliza Sheckles
6. *Mother's Maiden Name,*	Eliza Gladby
7. *Mother's Birthplace,*	Prince George County Md
8. *Full Name of Father,*	William Sheckles
9. *Father's Occupation,*	Fishman
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	E A Tully
Address,	1828 Light St
Remarks,	Doing Well

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 17155

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* December 14th 1887
4. *Place of Birth, (Street and Number)* Batty Avenue No 1298
5. *Full Name of Mother,* Sarah Elizabeth Guerke
6. *Mother's Maiden Name,* Sarah Eliza Joyner
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Transis George Guerke
9. *Father's Occupation,* Shoemaker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. E. A. Fuller

Address, no 182 Light St

Remarks, doing well

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 7166

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. *Sex (state whether male or female),*	Male
2. *Race or Color (if not of the white race),*	White
3. *Date of Birth,*	Dec. 14. 1880
4. *Place of Birth (Street and Number),*	1757 E. Preston St.
5. *Full Name of Mother,*	Ella Virginia Belgiano
6. *Mother's Maiden Name,*	" " Brisco
7. *Mother's Birthplace,*	Balto. Md.
8. *Full Name of Father,*	Howard G. Belgiano
9. *Father's Occupation,*	Carpenter
10. *Father's Birthplace,*	Balto. Md.
Name of Medical Attendant, or other person who makes this Return.	Geo. A. Hartman M.D.
Address,	1121 N. Caroline St.
Remarks,	

RECEIVED DEC 28 1880

...ascertained the full name of each child. (If any shall have been con-
...on of its parents, the date and place of birth; and the said schedule
...r in the form of a certificate between the first and third day of
...doner of Health. In case the birth of any child shall occur without
...ldwifery, or should no other person be in attendance upon the
...e duty of the person or parents of such child to report its birth to
...thin the period above required, and any such person or persons
...ions of this section shall be subjected to the fine of ten (10) dollars
...d forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 1715

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd.
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	Dec. 1st 89
4. Place of Birth (Street and Number),	1107 McKeough St.
5. Full Name of Mother,	Catherine Weichman
6. Mother's Maiden Name,	" Sann
7. Mother's Birthplace,	Germany
8. Full Name of Father,	William Weichman
9. Father's Occupation,	Steam Fitter
10. Father's Birthplace,	Balto. Md.
Name of Medical Attendant, or other person who makes this Return.	Geo. A. Hartman M.D.
Address,	1121 N. Caroline St.
Remarks,	

Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17151

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex, (state whether male or female)* Male Child
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 16th December 1889
4. *Place of Birth, (Street and Number)* 133 High Street
5. *Full Name of Mother,* Ida Hirman
6. *Mother's Maiden Name,* Ida Hershman
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Myer Hirman
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return. E Scherman

Address, Albemarle st N 103.

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

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RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17159

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 tt
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	15th December
4. *Place of Birth, (Street and Number)*	H. Barney St Baltimore
5. *Full Name of Mother,*	Terrase Grewer
6. *Mother's Maiden Name,*	Terrase Miller
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Fredrick Grewer
9. *Father's Occupation,*	Black Smith
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	C A Tully
Address,	1828 Light St
Remarks,	Donge Well

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

A 17160

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* December 15 1889
4. *Place of Birth, (Street and Number)* 1429 N Gilmor St
5. *Full Name of Mother* Annie J Reilly
6. *Mother's Maiden Name* Annie Jacobs
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Charles H Reilly
9. *Father's Occupation* Salesman
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. L. K. Wiley M.D.

Address 724 N Carey St

Remarks

At the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH A. 17161

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Dec 13/84
4. *Place of Birth, (Street and Number)* No 430 S. Patterson Pk Ave
5. *Full Name of Mother,* Annie Ahrendt
6. *Mother's Maiden Name,* Hohmann
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Robert Ahrendt
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mrs. Louise Kraft

Address, No 403 S. Washington St

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 17162

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	(2) becond
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	Dec 15
4. Place of Birth (Street and Number),	No 408 Porter
5. Full Name of Mother,	Anna Chant
6. Mother's Maiden Name,	Anna Baynes
7. Mother's Birthplace,	Baltimore Md
8. Full Name of Father,	Alanson Chant
9. Father's Occupation,	Huckster
10. Father's Birthplace,	A A Co Md
Name of Medical Attendant, or other person who makes this Return.	Wm R A Tyler
Address,	524 Canton
Remarks,	Baltimore Md

And shall set forth as far as the same can be ascertained the full name of each child. (If any shall have been conferred), its sex, color, the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 1716 3

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female
2. *Race or color, (if not of the white race)* Colored
3. *Date of Birth,* December 15th 1889
4. *Place of Birth, (Street and Number)* 416 Davis Street
5. *Full Name of Mother,*
6. *Mother's Maiden Name,* Hewett Swann.
7. *Mother's Birthplace,* Baltimore County
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. Amelia Johnson

Address, 1024 Park ave

Remarks,

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 1764

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* Dec 10 1889

4. *Place of Birth, (Street and Number)* 201 Pinecrest ac

5. *Full Name of Mother,* Mary Johnson

6. *Mother's Maiden Name,* Mary Hines

7. *Mother's Birthplace,* Balto

8. *Full Name of Father,* Wm Johnson

9. *Father's Occupation,* Laborer

10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. Jane Woodland

Address,

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17165

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Col'd
3. *Date of Birth,*	Dec 15/89
4. *Place of Birth, (Street and Number)*	40 E Preston
5. *Full Name of Mother,*	Lizzie Thomas
6. *Mother's Maiden Name,*	Lizzie Thomas
7. *Mother's Birthplace,*	Md
8. *Full Name of Father,*	John Smith
9. *Father's Occupation,*	Boatman
10. *Father's Birthplace,*	Va
Name of Medical Attendant, or other person who makes this Return.	Jane Woodland
Address,	
Remarks,	

...months which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17166

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	15 Dec 1889
4. *Place of Birth, (Street and Number)*	808 E Eager
5. *Full Name of Mother,*	Mary C Spence
6. *Mother's Maiden Name,*	Kirk
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	William Spence
9. *Father's Occupation,*	Coach Driver
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs Julia Grozny
Address,	940 E. Eager st
Remarks,	

Births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17167

No. of Child of Mother, (*state whether* 1*st*, ~~2d, 3d,~~ &c.)

1. *Sex,* (*state whether male or female*) Male
2. *Race or Color,* (*if not of the white race*) White
3. *Date of Birth,* DEC 16th 1889
4. *Place of Birth,* (*Street and Number*) Balto City 924 W Lombard St
5. *Full Name of Mother,* Katie Gelchuss
6. *Mother's Maiden Name,* Katie Hays
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father* Thos Gelchuss
9. *Father's Occupation,* Porter
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return, Thos Burbank

Address, 914 St Charles St - City

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

onth, and shall set forth as far as the same can be ascertained the
ch have occurred under his or her care during the
ined the full name of each child, if any shall have
of its parents, the date and place of birth; and the
ner in the form of a certificate between the first and
issioner of Health. In case the birth of any child
ner of midwifery, or should no other person be in
l become the duty of the person or parents of such
manner and within the period above required, and
ly with the provisions of this section shall be sub-
vered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17168

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. *Sex. (State whether male or female)* Female
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* Dec 15 1889.
4. *Place of Birth, (Street and Number)* 847 Frederick Ave Ext.
5. *Full Name of Mother,* Annie M. Moreberger
6. *Mother's Maiden Name,* Annie M Ware.
7. *Mother's Birthplace,* Norfolk Va.
8. *Full Name of Father,* Lewis Moreberger.
9. *Father's Occupation,* Blacksmith
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. J. B. Mullins M.D.,

Address, 931 Frederick Ave Ext.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 1769.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	Dec 15th
4. *Place of Birth, (Street and Number)*	847 Columbia Ave
5. *Full Name of Mother,*	Maggie Cook
6. *Mother's Maiden Name,*	" Affuine
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	William Cook
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs Mc Horrigan
Address,	412 Scott St
Remarks,	

Blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner or Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 10-13-54

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Edith Eleanor Repp A. 1717

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Dec 15/89
4. *Place of Birth, (Street and Number)* No 629 S. Wolf St
5. *Full Name of Mother,* Kate Repp
6. *Mother's Maiden Name,* Martin
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Friedrick Repp
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. Louise Kraft

Address, No 405 S. Washington ave.

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

births which have occurred under his or her care during the
be ascertained the full name of each child, if any shall have
cupation of its parents, the date and place of birth; and the
e practitioner in the first of a certificate between the first and
of the Commissioner of Health. In case the birth of any child
or practitioner of midwifery, or should no other person be in
ter it shall become the duty of the person or parents of such
alth, in the manner and within the period above required, and
il to comply with the provisions of this section shall be sub-
, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 1717

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 15th of Dec 1899
4. *Place of Birth, (Street and Number)* 2102 E Orleans st Rear
5. *Full Name of Mother,* Alice F Cameron
6. *Mother's Maiden Name,* Ford
7. *Mother's Birthplace,* Somerset Co Md
8. *Full Name of Father,* John W Cameron
9. *Father's Occupation,* Mariner
10. *Father's Birthplace,* Somerset Co Md

Name of Medical Attendant, or other person who makes this Return, M A Dawson

Address, 225 S Ann st

Remarks, Child is premature, Cause unknown
But Mother and Babe seem to be doing
Well

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 1717

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 15 December
4. *Place of Birth, (Street and Number)* 1434 Johnson St Balto
5. *Full Name of Mother,* Mary Anderland ~~Jones~~ Welsh
6. *Mother's Maiden Name,* Mary Anderland Jones
7. *Mother's Birthplace,* Fruitland Summerset County
8. *Full Name of Father,* Samuel Benjamin Franklin Welsh
9. *Father's Occupation,* Fireman on B&O R R
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return. C. A. Eiler

Address, 1828 Light St

Remarks, Large Well

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	December 15th 1889
4. *Place of Birth, (Street and Number)*	Patapsco st No 1401
5. *Full Name of Mother,*	Caroline Easter
6. *Mother's Maiden Name,*	Caroline Stackley
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Geore William Easter
9. *Father's Occupation,*	~~Baltimore~~ Cigar Maker
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	L. E. A. Tully
Address,	No. 1828 Light St
Remarks,	doing well

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

12 1774
4

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &*c.*) .....

1. *Sex*, (*state whether male or female*) Male
2. *Race or Color*, (*if not of the white race*) .....
3. *Date of Birth*, Dec 7/89
4. *Place of Birth*, (*Street and Number*) No 1014 Eastern Ave
5. *Full Name of Mother*, Kate Jenkins
6. *Mother's Maiden Name*, Miller
7. *Mother's Birthplace*, Baltimore
8. *Full Name of Father*, William Jenkins
9. *Father's Occupation*, Laborer
10. *Father's Birthplace*, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. Louise Kraft

Address, No 405 S. Washington St.

Remarks, ...

.....

Upon a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH E 17175

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Dec 15/89
4. *Place of Birth, (Street and Number)* N° 2909 O Donnell St.
5. *Full Name of Mother,* Kate Strechfus
6. *Mother's Maiden Name,* Becker
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George Strechfus
9. *Father's Occupation,* Coal Dealer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mrs. Louise Kraft

Address, N° 405 S. Washington St.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17176

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male Isaac
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 15th December 1889
4. *Place of Birth, (Street and Number)* 417 Caroline street
5. *Full Name of Mother,* Mary Wienberg
6. *Mother's Maiden Name,* Mary Corabazky
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Lewis Wienberg
9. *Father's Occupation,* Restyrant
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return. E Scherman

Address, Albemarle st cor 103

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 7177

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Dec 15th 1884
4. *Place of Birth, (Street and Number)* Baltimore 609 E. Chase st
5. *Full Name of Mother,* Jennie Hulin
6. *Mother's Maiden Name,* Jennie Edgerton
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Andrew Hulin
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Winders

Address, 936 Greenmount ave

Remarks,

Births. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VI A. 17178

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 15 Dezbr. 1889
4. *Place of Birth, (Street and Number)* Castle Str. # 244
5. *Full Name of Mother,* Mathilde Schwenker
6. *Mother's Maiden Name,* " " Hermann
7. *Mother's Birthplace,* Eßlingen Württemberg
8. *Full Name of Father,* Karl Hermann
9. *Father's Occupation,* Setzer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. mrs. Buckley

Address,

Remarks, midwife

DEC 28 1889

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

17179

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third District A.

1. *Sex (state whether male or female)* Female Child
2. *Race or Color, (if not of the white race)* Colored Race
3. *Date of Birth* December 15
4. *Place of Birth, (Street and Number)* Cain Street #2
5. *Full Name of Mother* Charlotte Jackson
6. *Mother's Maiden Name* Charlotte Hall
7. *Mother's Birthplace* Anne Arundel County Md 3d
8. *Full Name of Father* Richard Frederick Jackson
9. *Father's Occupation* Salt Factory
10. *Father's Birthplace* Saint Marys County Maryland

Name of Medical Attendant, or other Person who makes this Return. Mrs Thompson

Address 141 Union Alley

Remarks She gets site Smart

Any Physician, Midwife, or other person having charge of any case, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) A 4 17180

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* No 2310 Baxton Ave

4. *Place of Birth, (Street and Number)* Dec 15/89

5. *Full Name of Mother,* Mary Meyer

6. *Mother's Maiden Name,* Burkhardt

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* Phillip Meyer

9. *Father's Occupation,* Laborer

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Louise Kraft

Address, No 405 S. Washington St

Remarks, Twins

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17181

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Dec 10: 89.

4. *Place of Birth, (Street and Number)* 685 Baker St.

5. *Full Name of Mother,* Mrs — Liddiard

6. *Mother's Maiden Name,* ———

7. *Mother's Birthplace,* Md.

8. *Full Name of Father,* — Liddiard

9. *Father's Occupation,* Street Car Conductor.

10. *Father's Birthplace,* Md.

Name of Medical Attendant, or other Person who makes this Return Goldsmith, M.D.

Address, 580. Pennsylvania Ave.

Remarks,

Every birth which may hereafter occur within the limits of Baltimore City shall be reported to the Board of Health, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

T & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

A. 17182

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether male or female)* M

2. *Race or Color (if not of the white race)* W

3. *Date of Birth* Dec. 15. 1884

4. *Place of Birth (Street and Number)* 303 N. Arlington av

5. *Full Name of Mother* Kate Rourk.

6. *Mother's Maiden Name* " Brown

7. *Mother's Birthplace* Balt.

8. *Full Name of Father* John Rourk

9. *Father's Occupation* Clerk

10. *Father's Birthplace* Balt

Name of Medical Attendant, or other Person who makes this Return. Chas W Neff

Address 763 N Fayette st.

Remarks

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

births which have occurred under his or her care during the
the Commissioner of
month, and shall set forth, as far as the same can be ascertained the full name of each child, if any shall have
been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the
said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 17183

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* December the 16th 1899
4. *Place of Birth, (Street and Number)* 9 Hanover st, h. 20 21
5. *Full Name of Mother,* Clara Virginia Bradley
6. *Mother's Maiden Name,* Clara Virginia Kelly
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Lee Bradley
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Howard County

Name of Medical Attendant, or other person who makes this Return. E. J. Kelly

Address, h. 1828 Light st

Remarks, doing well

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

CERTIFICATE CORRECTED 12-20-24

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Name: Frederick C. Schlimme

A 1784

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex (state whether male or female)*	male
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	Dec 17, 1889
4. *Place of Birth (Street and Number)*	714 Lemmon
5. *Full Name of Mother*	Editha Schlimme
6. *Mother's Maiden Name*	" Frey
7. *Mother's Birthplace*	Balto
8. *Full Name of Father*	Henry J. Schlimme
9. *Father's Occupation*	Machinist
10. *Father's Birthplace*	Balto City
Name of Medical Attendant, or other Person who makes this Return.	Dr. Roeder
Address	708 W Fayette
Remarks	

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. *Sex, (State whether male or female)*	Male A. 1718
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	Dec 16 87
4. *Place of Birth, (Street and Number)*	No 330 Duncan Al
5. *Full Name of Mother,*	Ella Hanson
6. *Mother's Maiden Name,*	Moffett
7. *Mother's Birthplace,*	Camden New Jersey
8. *Full Name of Father,*	Henry Hanson
9. *Father's Occupation,*	Carpenter
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Sarah J. Harrington
Address,	No 924 Kinnaird st
Remarks,	

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

births which have occurred under his or her care during the
e ascertained the full name of each child, if any shall have
upation of its parents, the date and place of birth, and the
said schedule shall be delivered, duly signed by the practi
practitioner in the case of a certificate between the first and
the Commissioner of Health. In case the birth of any child
or practitioner or midwifery, or should no other person be in
er it shall become the duty of the person or parents of such
th, in the manner and within the period above required, and
to comply with the provisions of this section shall be sub-
ble recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 child A 17186
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	December 16th 1889
4. *Place of Birth, (Street and Number)*	Ross st. No. 219
5. *Full Name of Mother,*	Ada Lee Greaner
6. *Mother's Maiden Name,*	Ada Lee Penrose
7. *Mother's Birthplace,*	Virginia
8. *Full Name of Father,*	Ross John Greaner
9. *Father's Occupation,*	Insurance Collector
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	E. A Tully
Address,	No. 1828 Light st
Remarks,	doing well

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17187

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* Dec 16/89
4. *Place of Birth (Street and Number),* 253 E. Madison alley
5. *Full Name of Mother,* Minnie Vogel
6. *Mother's Maiden Name,* Minnie Kirfgin
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* John Vogel
9. *Father's Occupation,* Baker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. R. W. Mansfield M. D

Address, 129 S. Broadway

Remarks,

And shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd A 17188

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Dec. 16. 89
4. Place of Birth, (Street and Number) 1106 Gilliam St.
5. Full Name of Mother, Mrs. Mary Augusta Marshall Richardson
6. Mother's Maiden Name, Mrs. " " Marshall
7. Mother's Birthplace, Dorchester Co. Md.
8. Full Name of Father, Chas. Edward Savage Richardson
9. Father's Occupation, Ship - Carpenter
10. Father's Birthplace, Balt. Md.

Name of Medical Attendant or other person who makes this Return. W. G. Rueke Asst.

Address, 1000 E. Balt. St. Maternal Asylum

Remarks, Natural delivery

Health. This schedule shall contain a list of the Births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

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RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17189

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Dec 16 89
4. *Place of Birth, (Street and Number)* 509 E Monument st
5. *Full Name of Mother,* Clara Casy
6. *Mother's Maiden Name,* " Roberts
7. *Mother's Birthplace,* Balts
8. *Full Name of Father,* George A Curry
9. *Father's Occupation,* Teamster
10. *Father's Birthplace,* N. Y

Name of Medical Attendant, or other person who makes this Return. Mrs Mary A. Allwell

Address, 912 McDonough St

Remarks,

WM. J. C. DULANY & CO., CITY PRIN[TERS] AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 1770

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th child

1. *Sex, (state whether male or female)* boy

2. *Race or Color, (if not of the white race)* Colored male Child

3. *Date of Birth,* Born Tuesday week Dec 16th 1879

4. *Place of Birth, (Street and Number)* 731 Gundalls at Chimneyhill

5. *Full Name of Mother,* Rinda Bonner

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,* Spotsylvania co

8. *Full Name of Father,* Tom Custis

9. *Father's Occupation,* Oyster Shucker brickmaker

10. *Father's Birthplace,* Salisbury

Name of Medical Attendant, or other Person who makes this Return. Emerildavis

Address, 1021 Peach alley between Hamburg etc

Remarks,

The Sheriff shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

A 17191

DEC 28

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 14

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth* December 16 1889
4. *Place of Birth, (Street and Number)* 90 E Pratt St
5. *Full Name of Mother* Fredonia Hailstock
6. *Mother's Maiden Name* Fredonia Banks
7. *Mother's Birthplace* Maryland
8. *Full Name of Father* John J Hailstock
9. *Father's Occupation* Driver
10. *Father's Birthplace* Maryland

Name of Medical Attendant, or other Person who makes this Return. Dr. Riley MD

Address 924 N Leary St

Remarks

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at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17197

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th Child.
1. *Sex, (State whether male or female)*	" Girl
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	16th of December 1889.
4. *Place of Birth, (Street and Number)*	2026 Co. Orlean & Cassel street
5. *Full Name of Mother,*	Augusta Schone.
6. *Mother's Maiden Name,*	Augusta Deitz.
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Albert Deitz
9. *Father's Occupation,*	Butcher.
10. *Father's Birthplace,*	Germany.
Name of Medical Attendant, or other person who makes this Return.	Crescintia Kunkel.
Address,	213 North Chappel St. per Justina Kunkel
Remarks,	Healthy.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 17193

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	Dec 16
4. *Place of Birth, (Street and Number)*	202 Parkin St
5. *Full Name of Mother,*	Mary Casper
6. *Mother's Maiden Name,*	" Gribble
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John Casper
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs Mary Harrigan
Address,	412 Scott St
Remarks,	

DEC 21 1893

all hereafter take place, shall keep a true and correct
k schedule, to be furnished by the Commissioner of
which have occurred under his or her care during the
tained the full name of each child, if any shall have
n of its parents, the date and place of birth; and the
oner in the form of a certificate between the first and
missioner of Health. In case the birth of any child
tioner of midwifery, or should no other person be in
all become the duty of the person or parents of such
e manner and within the period above required, and
ply with the provisions of this section shall be sub-
covered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 17194

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 nd Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	December 16th 1889
4. *Place of Birth, (Street and Number)*	Marshal No, 150 E
5. *Full Name of Mother,*	Annie Jung
6. *Mother's Maiden Name,*	Annie Barbara Steiner
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Albert John Jung
9. *Father's Occupation,*	Painter
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	E. A Tully
Address,	no, 1828 Light st
Remarks,	Young Child

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 1719

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Dec 16-89
4. *Place of Birth, (Street and Number)* Balto 421 E Eager st
5. *Full Name of Mother,* Elizabeth M. Whyte
6. *Mother's Maiden Name,* " Lynch
7. *Mother's Birthplace,* Richmond
8. *Full Name of Father,* J J M Whites
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. Mrs Woodard

Address, 936 Greenmount Av

Remarks,

Health. This schedule shall contain a list of the birth... month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 17196

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd child
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	W White
3. *Date of Birth,*	16th December
4. *Place of Birth, (Street and Number)*	2. E Hill St
5. *Full Name of Mother,*	Mary McKew
6. *Mother's Maiden Name,*	Mary Lavender
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Michael McKew
9. *Father's Occupation,*	Police Officer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	H W W Elsler Jr.
Address,	403 Hanover St.
Remarks,	

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 7197

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* Colored

3. *Date of Birth,* 16 of December 1899

4. *Place of Birth, (Street and Number)* No 322 Rose Street

5. *Full Name of Mother,* Lethia Cornish

6. *Mother's Maiden Name,* Lethia Brown

7. *Mother's Birthplace,* West River an an Co Md

8. *Full Name of Father,* Solomon Cornish

9. *Father's Occupation,* Water

10. *Father's Birthplace,* Eaton Shore

Name of Medical Attendant, or other Person who makes this Return. Dr Ley Cornish

Address, 322 Rose Street

Remarks,

...ed by the Commissioner of Health. This schedule shall contain a ...er care during the month, and shall set forth as far as the same can be ...ascertained the full name of each child (if any shall have been ...parents, the date and place of birth, and the said schedule shall ...have been conferred,) its sex, color, the full name and occupation of its ...certificate between the first and third day of each and every month to the Office of the Commissioner of Health. To case the ...birth of any child shall occur without the attendance of a Physician or ...be in attendance upon the mother, immediately thereafter it shall become the duty of the ...report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person ...or person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars ...for each offense to be recovered as other fines and forfeitures are recoverable.

...hn Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, ~~(state whether 1st, 2d, 3d, &c.)~~ Third A. 19198

1. *Sex,* (*state whether male or female*) Male
2. *Race or Color,* (*if not of the white race*) White
3. *Date of Birth,* Dec 16th 1889
4. *Place of Birth,* (*Street and Number*) 919 Fyden ave
5. *Full Name of Mother,* Thomas Mohen
6. *Mother's Maiden Name,* Mary Karr
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Thomas Mohen
9. *Father's Occupation,* Coachman
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return. B. W. Williamson

Address, 1041 St. Eutaw st

Remarks,

and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17199

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1th

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 17th
4. *Place of Birth, (Street and Number)* 436 Pattison park ave
5. *Full Name of Mother,* Essie Brit
6. *Mother's Maiden Name,* Jones.
7. *Mother's Birthplace,* Baltimore, Md.
8. *Full Name of Father,* Brit
9. *Father's Occupation,* Bricklayer
10. *Father's Birthplace,* Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return. Mrs L Schultz

Address, 528 N Washington ave

Remarks,

The Schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, *&c.*)	Second L 17200
1. *Sex,* (*state whether male or female*)	Male
2. *Race or Color,* (*if not of the white race*)	
3. *Date of Birth,*	December 17th 1889
4. *Place of Birth,* (*Street and Number*)	1109 E Lombard St
5. *Full Name of Mother,*	Minnie Dorr
6. *Mother's Maiden Name,*	Minnie Meyer
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	August Dorr
9. *Father's Occupation,*	Tailor
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other Person who makes this Return	Saml D Postell MD
Address,	#212 Aisquith St
Remarks,	

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

NY & CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

A 17201

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex (state whether male or ~~female~~)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* December 17th 1130 o'clock Pm
4. *Place of Birth, (Street and Number)* 809 Crow St
5. *Full Name of Mother* Anna Burton
6. *Mother's Maiden Name* Sims
7. *Mother's Birthplace* Baltimore Co Md
8. *Full Name of Father* Robert Burton
9. *Father's Occupation* Carpinter
10. *Father's Birthplace* Baltimore Co Maryland

Name of Medical Attendant, or other Person who makes this Return. J E Pinckard MD

Address 1010 Chesapeake St

Remarks Easy and natural labor. Both Mother & Child are doing well

Fine any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 17202

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	17th Dec.
4. *Place of Birth, (Street and Number)*	800 Willow st
5. *Full Name of Mother,*	Margret Oneil
6. *Mother's Maiden Name,*	J. Felvan
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	Patrick Oneil
9. *Father's Occupation,*	Driver
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other person who makes this Return.	Mrs Julia Groony
Address,	1340 N. Gay st
Remarks,	

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

A. 1773

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd Child.
1. Sex, (State whether male or female)	Girl.
2. Race or color, (if not of the white race)	White.
3. Date of Birth,	17th of December 1889.
4. Place of Birth, (Street and Number)	26 South Dunkarz Alley.
5. Full Name of Mother,	Mary Ann Dorn
6. Mother's Maiden Name,	Mary Ann Breller.
7. Mother's Birthplace,	Germany.
8. Full Name of Father,	John George Breller.
9. Father's Occupation,	Tailor
10. Father's Birthplace,	Germany.
Name of Medical Attendant, or other person who makes this Return.	Crescintia Kunkel
Address,	213 North Chapel st. per Justina Kunkel.
Remarks,	Healthy.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (State whether male or female) Female

2. Race or color, (if not of the white race) White

3. Date of Birth, Dec 17 "89

4. Place of Birth, (Street and Number) 1258 Columbia Ave

5. Full Name of Mother, Susie Agustus ~~Brannan~~ Brannan

6. Mother's Maiden Name, " " Jones

7. Mother's Birthplace, Kent Co Md

8. Full Name of Father, Charles Stanson Brannan

9. Father's Occupation, Carpenter

10. Father's Birthplace, Carol Co Md

Name of Medical Attendant, or other person who makes this Return. E. E. Ulmich M.D

Address, Pratt Dtricken Sts.

Remarks,

A. 17204

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

DEC 23 1889

A 17205

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* W —
3. *Date of Birth,* Dec 17th
4. *Place of Birth (Street and Number),* 1000 Creek alley
5. *Full Name of Mother,* Mary C. Mistling
6. *Mother's Maiden Name,* Mary C. Bollock —
7. *Mother's Birthplace,* Balto —
8. *Full Name of Father,* Chas. Mistling —
9. *Father's Occupation,* Carrier
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. Geo. H. Strauss M.D.

Address, 9 E. Montgomery St.

Remarks,

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 17206

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* December 17 1889
4. *Place of Birth, (Street and Number)* 406 Sharp St
5. *Full Name of Mother,* Agnie Emanuel Endzarnill
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Poland
8. *Full Name of Father,* Mathew Casmarz
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Poland

Name of Medical Attendant, or other person who makes this Return. Caroline Miller

Address, 1605 Druid Hill Ave

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 17207

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Male
1. *Sex, (state whether male or female)*	Fourth
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	December 17 1889
4. *Place of Birth, (Street and Number)*	Baltimore 612 East Eager
5. *Full Name of Mother,*	Mary C Hand
6. *Mother's Maiden Name,*	Mary Shaill
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John L Hand
9. *Father's Occupation,*	Iron Molder
10. *Father's Birthplace,*	Baltimor
Name of Medical Attendant, or other person who makes this Return.	Jas Woodson
Address,	936 Fremont Ave
Remarks,	

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 17208

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	Dec 17th
4. *Place of Birth, (Street and Number)*	1158 Columbia Ave
5. *Full Name of Mother,*	Lida Keane
6. *Mother's Maiden Name,*	" Kinton
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Thomas Keane
9. *Father's Occupation,*	~~Laborer~~ Carpenter
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs Mary Monagan
Address,	412 Scott St
Remarks,	

Baltimore under whose charge or superintendence a birth shall occur without the attendance of a physician or practitioner of midwifery in the City of register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17209

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1. Child

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White Race
3. *Date of Birth,* Born Dec 17th 1889
4. *Place of Birth, (Street and Number)* No. 2147 Vine Str
5. *Full Name of Mother,* Mrs E. Poland
6. *Mother's Maiden Name,* Miss E. Henkel
7. *Mother's Birthplace,* Hessen Germany
8. *Full Name of Father,* Mr H. Poland
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Hessen Germany

Name of Medical Attendant, or other person who makes this Return. Mrs Hiller

Address, 2127 West Pratt St

Remarks,

Health. This schedule shall contain a list of the birth month, and shall set forth as far as the same can be asc been conferred) its sex, color, the full name and occupa said schedule shall be delivered, duly signed by the prac third day of each and every month to the office of the C shall occur without the attendance of a physician or pr attendance upon the mother, immediately thereafter it child to report its birth to the Commissioner of Health, any such person or persons who shall hereafter fail to c jected to the fine of ten (10) dollars for each offense, to be

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 17210

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 th.

1. *Sex (state whether male or female),* Male.
2. *Race or Color (if not of the white race),* Colored
3. *Date of Birth,* Dec. 17.
4. *Place of Birth (Street and Number),* 23 Carlton St.
5. *Full Name of Mother,* Jane Scott.
6. *Mother's Maiden Name,* Jane Sedrick
7. *Mother's Birthplace,* Washington
8. *Full Name of Father,* Archibald Scott.
9. *Father's Occupation,* Minister
10. *Father's Birthplace,* Baltimore Co.

Name of Medical Attendant, or other person who makes this Return. Charlotte Proctor.

Address, 810 Carlton st.

Remarks,

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

he Baltim e Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

A 17211

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 2

1. *Sex,* (*state whether male or female*) Female
2. *Race or Color,* (*if not of the white race*)
3. *Date of Birth,* Dec 17/89
4. *Place of Birth,* (*Street and Number*) N° 2033 Fountain St.
5. *Full Name of Mother,* Annie Bigsby
6. *Mother's Maiden Name,* Brundick
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Louis Bigsby
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. Louise Kraft

Address, N° 405 S Washington St

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17217

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 17/89
4. *Place of Birth, (Street and Number)* 139 Mary St
5. *Full Name of Mother,* Katie Bayer
6. *Mother's Maiden Name,* Katie Kamrodt
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles Bayer
9. *Father's Occupation,* Blacksmith
10. *Father's Birthplace,* Balto Co

Name of Medical Attendant, or other Person who makes this Return. A C Pole

Address, 2102 Madison Ave

Remarks,

DEC 21

n Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First A 17213

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* December 17th
4. *Place of Birth, (Street and Number)* #927 N. Dean St
5. *Full Name of Mother,* Lottie Irene Engle
6. *Mother's Maiden Name,* Lottie Irene Smith
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Charles Peter Engle
9. *Father's Occupation,* Painter
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Agnes Eble

Address, #2042 Wilkins ave.

Remarks,

Health. This schedule shall contain a list of the birth... month, and shall set forth as far as the same can be asc... been conferred) its sex, color, the full name and occupa... said schedule shall be delivered, duly signed by the prac... third day of each and every month to the office of the C... shall occur without the attendance of a physician or pr... attendance upon the mother, immediately thereafter it... child to report its birth to the Commissioner of Health, i... any such person or persons who shall hereafter fail to c... jected to the fine of ten (10) dollars for each offense, to be... shall enter the same on a blank schedule to be furnished by the Commissioner of ... births which have occurred under his or her care during the ... be ascertained the full name of each child, if any shall have ... occupation of its parents, the date and place of birth; and the ... e practitioner in the form of a certificate between the first and ... f the Commissioner of Health. In case the birth of any child ... of practitioner of midwifery, or should no other person be in ... ter it shall become the duty of the person or parents of such ... alth, in the manner and within the period above required, and ... il to comply with the provisions of this section shall be sub- ... to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 17214

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 d

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* December 17. 1889.
4. *Place of Birth, (Street and Number)* 34 Hanover Str
5. *Full Name of Mother,* Judas Harris
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* Simon Harris
9. *Father's Occupation,*
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return. Mrs Cecilie Bernstein

Address, 122 S. Exeter Str.

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec. 17th 1889

4. Place of Birth, (Street and Number) 1809 Park Ave

5. Full Name of Mother, Clara Summers Byrd

6. Mother's Maiden Name, "

7. Mother's Birthplace, Balto "

8. Full Name of Father, John Napier Byrd

9. Father's Occupation, Bank Clk

10. Father's Birthplace, Ga

Name of Medical Attendant, or other Person who makes this Return. L. E. Seals M.D.

Address, 319 W. Monument

Remarks,

A 172 10

under whose charge or Superintendence a birth shall occur, or any person practicing midwifery in the City of Baltimore shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17216

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* December 17th. 89.
4. *Place of Birth, (Street and Number)* 2100 Prince st.
5. *Full Name of Mother,* Elizabeth Beales
6. *Mother's Maiden Name,* Elizabeth Miller
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Charles Beales
9. *Father's Occupation,* Stone mason
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return. N. C. Fuller M. D.

Address, 1203 W. Fayette st.

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A. 17217

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, &c.) one

1. *Sex*, (*state whether male or female*) female
2. *Race or Color*, (*if not of the white race*) Colored
3. *Date of Birth*, Dec 17
4. *Place of Birth*, (*Street and Number*) 725 Stirling st
5. *Full Name of Mother*, Mary Helen Franklin
6. *Mother's Maiden Name*, Mary Helen Augusta
7. *Mother's Birthplace*, long green Md
8. *Full Name of Father*, Philip A Franklin
9. *Father's Occupation*, Dr
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return Elizabeth Lagle

Address,

Remarks,

the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

ANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A 17218

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Dec 17 89
4. *Place of Birth, (Street and Number)*	1553 Lexington Place
5. *Full Name of Mother,*	Charlotte Taylor
6. *Mother's Maiden Name,*	" Dennis
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Curtis N Taylor
9. *Father's Occupation,*	Plasterer
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other Person who makes this Return.	J A Broadhurst
Address,	538 N Arlington Ave
Remarks,	

...he City of Baltimore, shall report to the registrar aforesaid, ...tly the date of birth, sex, and color of the child or children ...ther still-born or not, the full name, nativity, and residence ...he mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A 17219

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Dec 17
4. Place of Birth, (Street and Number) No 823 Leadenhall st
5. Full Name of Mother, Mary Lizzie Queen
6. Mother's Maiden Name, Mary ?? Bracker
7. Mother's Birthplace, Cambridge Md.
8. Full Name of Father, Shadrach Stephen Queen
9. Father's Occupation, Driver
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Sarah Anna Brown

Address, 827 Luna Street

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

LANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	the 7th
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	Colored A. 17 70
3. Date of Birth,	Dec 17th 1897
4. Place of Birth (Street and Number),	408 Shutts Court
5. Full Name of Mother,	Sallie Hill
6. Mother's Maiden Name,	Sallie Jones
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	John Hill
9. Father's Occupation,	Labor
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Annie Johnson
Address,	311 Cross St
Remarks,	

RETURN OF A BIRTH A 17721

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	December 18th 1889
4. *Place of Birth, (Street and Number)*	Hanover st n of 1816
5. *Full Name of Mother,*	Anne Haller
6. *Mother's Maiden Name,*	Anne Redish
7. *Mother's Birthplace,*	Fredrick county Md.
8. *Full Name of Father,*	Amos Haller
9. *Father's Occupation,*	Firemen B. & O. road
10. *Father's Birthplace,*	Fredrick co. Md.
Name of Medical Attendant, or other person who makes this Return.	E A Tully
Address,	no 1828 Light st
Remarks,	doing well

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 17272

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 Child.
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Dec 18 — 1889.
4. *Place of Birth, (Street and Number)*	1435 Hanover st.
5. *Full Name of Mother,*	Lizzie Wills.
6. *Mother's Maiden Name,*	Lentz.
7. *Mother's Birthplace,*	America.
8. *Full Name of Father,*	Enack Wills.
9. *Father's Occupation,*	Glass blower.
10. *Father's Birthplace,*	England.
Name of Medical Attendant, or other person who makes this Return.	J. Lahbassier Midwife.
Address,	1032 Hanover st.
Remarks,	

The Physician, Midwife or other person who shall attend upon the birth of any child, shall keep a true and correct account of such birth and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 17273

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 Child.
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Dec 18 1889.
4. *Place of Birth, (Street and Number)*	1232 Wall st.
5. *Full Name of Mother,*	Elenore Samm.
6. *Mother's Maiden Name,*	Wild.
7. *Mother's Birthplace,*	America.
8. *Full Name of Father,*	Louis Samm.
9. *Father's Occupation,*	Cooper.
10. *Father's Birthplace,*	America.
Name of Medical Attendant, or other person who makes this Return.	J. Lohvasser. Midwife.
Address,	1032 Hanover st.
Remarks,	

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 1722

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VII.

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 18th Dec'br. 1889
4. *Place of Birth, (Street and Number)* Calvington Ave. # 101
5. *Full Name of Mother,* Kath. Meier
6. *Mother's Maiden Name,* " Wiesner
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Wiesner
9. *Father's Occupation,* Butcher
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks, mrs. Buehler midwife

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 17727

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4. th = Child
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	18th Dezember 1887.
4. *Place of Birth, (Street and Number)*	Andre Str 1410.
5. *Full Name of Mother,*	Maria Anna Schillinger
6. *Mother's Maiden Name,*	= = Lorenz.
7. *Mother's Birthplace,*	Richmond Va.
8. *Full Name of Father,*	Andreas Schillinger
9. *Father's Occupation,*	Pallonmaker Laster.
10. *Father's Birthplace,*	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return.	Lizzie Schaeffler
Address,	Fort Ave. cor 1708 Locust Point
Remarks,	

and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

2nd

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth
1. *Sex, (state whether male or female)*	Female A 1922
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	Dec. 18, 1884
4. *Place of Birth, (Street and Number)*	506 West St
5. *Full Name of Mother,*	Betta Dunkins
6. *Mother's Maiden Name,*	Betta Gardner
7. *Mother's Birthplace,*	West Virginia
8. *Full Name of Father,*	Robert Dunkins
9. *Father's Occupation,*	Labor
10. *Father's Birthplace,*	Lancaster Va
Name of Medical Attendant, or other person who makes this Return.	Abrilla Brooks
Address,	1132 Warren St
Remarks,	Doing well

Register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17227

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex (state whether male or female),* Female.
2. *Race or Color (if not of the white race),* White.
3. *Date of Birth,* December 18th.
4. *Place of Birth (Street and Number),* 1144 Ridgley st.
5. *Full Name of Mother,* Rebecca Tauber
6. *Mother's Maiden Name,* Sterling.
7. *Mother's Birthplace,* Balto City.
8. *Full Name of Father,* John H. Tauber
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Balto City.

Name of Medical Attendant, or other person who makes this Return. Wm D. Alderdice

Address, N.E. Cor. Columbia & Fremont aves

Remarks,

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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birth shall hereafter take place, shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Charlotte Margaret —•— Burgan

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

A. 17278

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 18th 1889
4. *Place of Birth, (Street and Number)* 205 N. Fallon Ave
5. *Full Name of Mother,* Mollie Lo. Burgand
6. *Mother's Maiden Name,* Limerick
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father* Charles E. Burgand
9. *Father's Occupation,* Depot messenger
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. John Neff

Address, 701 N. Fallon Ave

Remarks, SURNAME ADDED. 6-18-54 L.M

WM. J. C. DULAN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17320

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	18th December 1889
4. *Place of Birth, (Street and Number)*	30 Pearl St
5. *Full Name of Mother,*	Maria Augusta Fearncombe
6. *Mother's Maiden Name,*	" " Barton
7. *Mother's Birthplace,*	Gloucestershire England
8. *Full Name of Father,*	John Fearncombe
9. *Father's Occupation,*	Dairy
10. *Father's Birthplace,*	Taunton Somersetshire England
Name of Medical Attendant, or other person who makes this Return.	Mrs Humber
Address,	23 N Payne Ston St
Remarks,	

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Amelia Barbara ~~Hensler~~ A. 17230

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 18 December - 1889
4. *Place of Birth, (Street and Number)* 1317 Scott St
5. *Full Name of Mother,* Annie Hensler
6. *Mother's Maiden Name,* Annie Deuchler
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Hensler
9. *Father's Occupation,* Driver
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Miss Bauge

Address, 711 Cross St

Remarks, GIVEN NAME ADDED. 3-17-53

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A 17231

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Girl
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	December 18 - 1889.
4. *Place of Birth, (Street and Number)*	West St Balto.
5. *Full Name of Mother,*	Jennie Colburn
6. *Mother's Maiden Name,*	Jennie Pelly
7. *Mother's Birthplace,*	Baltimore Md.
8. *Full Name of Father,*	Thomas Colburn.
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Somerset Co Md.
Name of Medical Attendant, or other Person who makes this Return.	Maria Potter
Address,	228 Race St.
Remarks,	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 17237

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	18th Dec. 1889
4. *Place of Birth, (Street and Number)*	720 N. B. Way
5. *Full Name of Mother,*	Mary Olivia Phillips
6. *Mother's Maiden Name,*	Smith
7. *Mother's Birthplace,*	City
8. *Full Name of Father,*	Vivian Phillips
9. *Father's Occupation,*	Capt. tug boat
10. *Father's Birthplace,*	City
Name of Medical Attendant, or other person who makes this Return.	E. L. Burns M.D.
Address,	1835 E. Balto St.
Remarks,	

Health. This schedule shall contain a list of the births which ha... month, and shall set forth as far as the same can be ascertained ... been conferred; its sex, color, the full name and occupation of its ... said schedule shall be delivered, duly signed by the practitioner in ... third day of each and every month to the office of the Commissio... shall occur without the attendance of a physician or practitioner ... attendance upon the mother, immediately thereafter it shall becom... child to report its birth to the Commissioner of Health, in the man... any such person or persons who shall hereafter fail to comply wi... jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

A 17233

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Dec. 18th 1889
4. Place of Birth (Street and Number)	931 Boundary Ave.
5. Full Name of Mother	Annie V. Lefevre
6. Mother's Maiden Name	Annie Wylie
7. Mother's Birthplace	Virginia
8. Full Name of Father	George W. Lefevre
9. Father's Occupation	Mechanic
10. Father's Birthplace	Virginia
Name of Medical Attendant, or other Person who makes this Return.	D. J. Reinhart. M.D.
Address	1118 Madison Ave
Remarks	

birth shall hereafter take place, shall keep a true and correct
a blank schedule to be furnished by the Commissioner of Health.
which have occurred under his or her care during the month.
ascertained the full name of each child. If any shall have been con-
of its parents, the date and place of birth; and the said schedule
in the form of a certificate between the first and third day of
oner of Health. In case the birth of any child shall occur without
dwifery, or should no other person be in attendance upon the
duty of the person or parents of such child to report its birth to
thin the period above required, and any such person or persons
ons of this section shall be subjected to the fine of ten (10) dollars
forfeitures are recoverable.

register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child. If any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17734

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* W
3. *Date of Birth,* Dec 18th
4. *Place of Birth (Street and Number),* 914 S Charles -
5. *Full Name of Mother,* Louisa Moore -
6. *Mother's Maiden Name,* Coston -
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Ed. - Moore
9. *Father's Occupation,* Engineer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Geo A Strauss MD

Address, 9. E. Montgomery St

Remarks,

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

A. 17325

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	fifth child
1. *Sex (state whether male or female)*	female
2. *Race or Color (if not of the white race)*	colored
3. *Date of Birth*	13th day of December
4. *Place of Birth (Street and Number)*	No 227 Madeira Alley
5. *Full Name of Mother*	Mrs Henrietta Matteo
6. *Mother's Maiden Name*	Henrietta King
7. *Mother's Birthplace*	Baston Show
8. *Full Name of Father*	Solasnan Matteo
9. *Father's Occupation*	Teamster
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	
Address	
Remarks	Mrs. A. M. Thelen No 206 Madeira Alley Balto. Md.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17736

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex (state whether male or female),* female
2. *Race or Color (if not of the white race),* white
3. *Date of Birth,* Dec. 18-1889
4. *Place of Birth (Street and Number),* S. W. Cor. Bond & Eager sts
5. *Full Name of Mother,* Mary Kirschenhofer
6. *Mother's Maiden Name,* Mary Reinhardt
7. *Mother's Birthplace,* New York
8. *Full Name of Father,* George Kirschenhofer
9. *Father's Occupation,* Carriage Manufacturer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. P. G. Dauschmo

Address, 1727 E. Balto. St.

Remarks,

register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17237

No. of Child of Mother, (~~*state whether 1st, 2d, 3d, &c.*~~) 2d

1. *Sex,* (~~*state whether male or*~~ *female*)
2. *Race or color,* (~~*if not of the*~~ *white* ~~*race*~~)
3. *Date of Birth,* Dec, 18th 9 P.M.
4. *Place of Birth,* (*Street and Number*) 405 Allmarle St-
5. *Full Name of Mother,* Elizabeth Kirkpatrick
6. *Mother's Maiden Name,* " Platt
7. *Mother's Birthplace,* Md,
8. *Full Name of Father,* Ruben Kirkpatrick
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Md

Name of ~~*Medical Attendant,*~~ or other person who makes this return. Mrs Gertrude Mt,

Address, 1102 E Baltimore St-

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

A 17230

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Dec 13 89
4. *Place of Birth, (Street and Number)* N° 400 E. Chappel St.
5. *Full Name of Mother,* Clara Schaefer
6. *Mother's Maiden Name,* Busser
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Michael Schaefer
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. Louise Kraft

Address, N° 405 Washington Ave.

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 17239

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female Estie
2. Race or Color, (if not of the white race) White
3. Date of Birth, 18 December 1889
4. Place of Birth, (Street and Number) 709 W. Baltimore
5. Full Name of Mother, Annie Newman
6. Mother's Maiden Name, Annie Laborich
7. Mother's Birthplace, Hungaria
8. Full Name of Father, Morris Newman
9. Father's Occupation, Cigar-maker
10. Father's Birthplace, Hungaria.

Name of Medical Attendant, or other person who makes this Return, E Echerman

Address, Albemarle st n 103

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 1240

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex, (state whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	December 18th 1889
4. *Place of Birth, (Street and Number)*	No 608 Fulton ave
5. *Full Name of Mother,*	Louisa Broseker
6. *Mother's Maiden Name,*	Louisa Hoffmann
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Henry Broseker
9. *Father's Occupation,*	Cigar maker
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Catherine Hornung
Address,	No 1517 Byrd st
Remarks,	

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 1724

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	December 18. 1889
4. *Place of Birth, (Street and Number)*	1103 N. E. Clay
5. *Full Name of Mother,*	Jennie Shipnagle
6. *Mother's Maiden Name,*	Tillman
7. *Mother's Birthplace,*	Balto Md
8. *Full Name of Father,*	John Shipnagle
9. *Father's Occupation,*	Shoemaker
10. *Father's Birthplace,*	Balto Md
Name of Medical Attendant, or other person who makes this Return.	Caroline Willis
Address,	1605 Walker St.
Remarks,	

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A. 1724
12 2 19

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th "

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* ———
3. *Date of Birth,* December 18th 1889.
4. *Place of Birth, (Street and Number)* 659 N. Lee St.
5. *Full Name of Mother,* Elizabeth Gunther.
6. *Mother's Maiden Name,* " Gunther.
7. *Mother's Birthplace,* Balto. city. Md.
8. *Full Name of Father,* Frederic Julius Gunther.
9. *Father's Occupation,* Tailor.
10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other person who makes this Return. R. J. N. Tall. M.D.

Address, 524 Strawp St

Remarks,

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 17243

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* December 18th 1889
4. *Place of Birth, (Street and Number)* Baltimore 409 Eutaw St
5. *Full Name of Mother,* Maria Hamilton
6. *Mother's Maiden Name,* McDonough
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Charles A. Hamilton
9. *Father's Occupation,* Restaurant keeper
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return. Jno M Woodall

Address, 936 Greenmount Ave

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17th

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 18th December 1889
4. *Place of Birth, (Street and Number)* 109 Watson street
5. *Full Name of Mother,* Mallie Volder
6. *Mother's Maiden Name,* Mallie Borchick
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Moses Volder
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return. E Scherman

Address, Albemarle st N 103.

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain: a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

A 17245

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Dec: 19th 89
4. Place of Birth (Street and Number)	12 Read St —
5. Full Name of Mother	Alice Ashby —
6. Mother's Maiden Name	Unknown —
7. Mother's Birthplace	Hagerstown Md
8. Full Name of Father	William C. Ashby —
9. Father's Occupation	Publisher of Medical Journal
10. Father's Birthplace	Front Royal - Warren Co Va
Name of Medical Attendant, or other Person who makes this Return.	Jeff Davis MD
Address	212 Madison Ave —
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Penalty for neglect, the City of Baltimore.

DEPARTMENT OF HEALTH BALTIMORE MD DEC 20 1889

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 17246

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* December 19 1889
4. *Place of Birth, (Street and Number)* 246 Exeter St
5. *Full Name of Mother,* Mary Smith
6. *Mother's Maiden Name,* Maridyt
7. *Mother's Birthplace,* Poland
8. *Full Name of Father,* Joseph Smith
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Poland

Name of Medical Attendant, or other person who makes this Return, Caroline Miller

Address, 1605 Walker St.

Remarks,

DEC 21 1889

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Female A. 17-47

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Dec 19th 1889

4. *Place of Birth, (Street and Number)* 538 N. Wheeler Ave

5. *Full Name of Mother,* Annie M. Wood

6. *Mother's Maiden Name,* [illegible] Baker

7. *Mother's Birthplace,* Delaware

8. *Full Name of Father,* L. J. P. Wood

9. *Father's Occupation,* Agent

10. *Father's Birthplace,* Va

Name of Medical Attendant, or other Person who makes this Return. Julian Boyd M.D.

Address, 1257 E. Fremont St.

Remarks,

under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner to the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

DEC 30 1889

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th. A. 17248

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth, 20 Dec. 19th 1889
4. Place of Birth, (Street and Number) #838 Hillen St.
5. Full Name of Mother, Julia O'Brien.
6. Mother's Maiden Name, Shea.
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Thomas O'Brien.
9. Father's Occupation, Laborer.
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return. Mrs. Dena Hillegeist

Address, #1038 E. Monument St.

Remarks,

Baltimore under whose charge or superintendance a birth register of such birth and shall enter the same on a bl Health. This schedule shall contain a list of the births month, and shall set forth as far as the same can be ascer been conferred) its sex, color, the full name and occupati said schedule shall be delivered, duly signed by the pract third day of each and every month to the office of the C shall occur without the attendance of a physician or pra attendance upon the mother, immediately thereafter it child to report its birth to the Commissioner of Healt any such person or persons who shall hereafter fail to jected to the line of ten (10) dollars for each offense, to be recovered as other fines and penalties are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

...birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in charge or superintendence at the office of the Commissioner of Health in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the Ninth 9

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* Colord A. 17249
3. *Date of Birth,* December 19
4. *Place of Birth (Street and Number),* 216 Courtland St
5. *Full Name of Mother,* Mary A Wright
6. *Mother's Maiden Name,* Mary A Blain
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Edmind Wright.
9. *Father's Occupation,* Waiter
10. *Father's Birthplace,* Virginer

Name of Medical Attendant, or other person who makes this Return. Mrs Fannie Myers

Address, No 223 Clay St

Remarks, Baltimore

The Baltimore Publishing Co, City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A. 17250

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Dec 19 87
4. *Place of Birth, (Street and Number)*	1234 W Mulberry
5. *Full Name of Mother,*	Jula Boyer
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	MD
8. *Full Name of Father,*	John Boyer
9. *Father's Occupation,*	Steamboat office
10. *Father's Birthplace,*	Va
Name of Medical Attendant, or other Person who makes this Return,	J H Buckler
Address,	528 Washington ave
Remarks,	

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

A 17205

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Sixth
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Dec 20-89
4. *Place of Birth, (Street and Number)*	804 N Gay St
5. *Full Name of Mother,*	Maggie Ving
6. *Mother's Maiden Name,*	" Elgert
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Charles Ving
9. *Father's Occupation,*	Saloonkeeper
10. *Father's Birthplace,*	Va
Name of Medical Attendant, or other person who makes this Return.	Mrs Mary A. Mowell
Address,	913 Mc Donough St
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

D 17252

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	20 December 1889
4. *Place of Birth, (Street and Number)*	15 W. Barre Street
5. *Full Name of Mother,*	Therese Zinnish
6. *Mother's Maiden Name,*	Therese Hauf
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Charles Edward Zinnish
9. *Father's Occupation,*	Plumber & Gasfitter
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	L. F. Reinhard
Address,	
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17263

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	December 20 1889
4. *Place of Birth, (Street and Number)*	2532 Lancaster St
5. *Full Name of Mother,*	Lena Neuman
6. *Mother's Maiden Name,*	Lena Stallman
7. *Mother's Birthplace,*	Balto. Co
8. *Full Name of Father,*	Stephen Neuman
9. *Father's Occupation,*	Peddler
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Mary L. Shayne
Address,	726 Fayette St.
Remarks,	

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

A. 17204

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Dec 30 — 1889
4. *Place of Birth, (Street and Number)* 1931 McHenry st
5. *Full Name of Mother* Annie Smith
6. *Mother's Maiden Name* Dawson
7. *Mother's Birthplace* Balto
8. *Full Name of Father* Charles Smith
9. *Father's Occupation* Mechanic
10. *Father's Birthplace* Balto

Name of Medical Attendant, or other Person who makes this Return. W. R. McKenney

Address 1401 Linden av

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Record of Vital Statistics in the City of Baltimore.

GIVEN NAME ADDED 11-21-63

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Phillip John Zill

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, December 20th 1889
4. Place of Birth, (Street and Number) 409. Hanover st
5. Full Name of Mother, Anna Zill
6. Mother's Maiden Name, Anna Stees
7. Mother's Birthplace, Germany
8. Full Name of Father, George Zill
9. Father's Occupation, Musician
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return.

Address, Hesperonda Alley

Remarks, 641 So Paca st

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

A. 17256

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	December 20th 1889
4. *Place of Birth, (Street and Number)*	Hanover st No 1720
5. *Full Name of Mother,*	Ida Johnston
6. *Mother's Maiden Name,*	Ida Mayor
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	William Johnston
9. *Father's Occupation,*	Engineer B. O. road
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	D. T Tully
Address,	No 1828 Light st
Remarks,	doing well

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17257

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Male
2. *Race or color, (if not of the white race)* Colored
3. *Date of Birth,* December 20th 1889
4. *Place of Birth, (Street and Number)* No 801 Pierce St
5. *Full Name of Mother,* Mary Woolford
6. *Mother's Maiden Name,* " Beverly
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* Albert Woolford
9. *Father's Occupation,* Engineer
10. *Father's Birthplace,* Baltimore.

Name of Medical Attendant, or other person who makes this Return. Amelia Johnson

Address, No 1024 Park Ave.

Remarks,

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 1758

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10 k

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* December 20. 1899.
4. *Place of Birth, (Street and Number)* 224 Harrison str
5. *Full Name of Mother,* Tanke Sigalopp
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* Abraham Siegaloff
9. *Father's Occupation,*
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return, Mrs Cecilie Bernstein

Address, 122 S. Exeter st

Remarks,

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 17259

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 te
1. *Sex, (state whether male or female)*	Mäidchen
2. *Race or Color, (if not of the white race)*	Weiß
3. *Date of Birth,*	20 ten Dezember 1887
4. *Place of Birth, (Street and Number)*	Lee Str No 905
5. *Full Name of Mother,*	Mary Wolf
6. *Mother's Maiden Name,*	Stumpf
7. *Mother's Birthplace,*	Germanien
8. *Full Name of Father,*	Johann Wolf
9. *Father's Occupation,*	Werkmann
10. *Father's Birthplace,*	Germanien
Name of Medical Attendant, or other person who makes this Return.	
Address,	Karoline Schwarz Lee Str No 938
Remarks,	

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 17260

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.),	1st.
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	Dec. 20. 1889
4. Place of Birth (Street and Number),	1522 E. Preston St.
5. Full Name of Mother,	Frances E. Gambel
6. Mother's Maiden Name,	" " Scott
7. Mother's Birthplace,	Balto. Md.
8. Full Name of Father,	George T. Gambel
9. Father's Occupation,	Clerk
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Geo. A. Hartman
Address,	1121 N. Caroline St.
Remarks,	

more under whose charge or superintendence a birth shall
register of such birth, and shall enter the same on a blank sch
This schedule shall contain a list of the births which hav
and shall set forth as far as the same can be ascertained t
ferred, its sex, color, the full name and occupation of its pare
shall be delivered, duly signed by the practitioner in the for
each and every month to the office of the Commissioner of He
the attendance of a physician or practitioner of midwifery, o
mother, immediately thereafter it shall become the duty of the
the Commissioner of Health, in the manner and within the per
who shall hereafter fail to comply with the provisions of this s
for each offence, to be recovered as other fines and forfeitures

that every person practicing midwifery in the city of Balti-
shall hereafter take place, shall keep a true and correct
nk schedule to be furnished by the Commissioner of Heal h.
h have occurred under his or her care during the month,
thod the full name of each child, (if any shall have been con-
ts parents, the date and place of birth; and the said schedule
he form of a certificate between the first and third day of
of Health. In case the birth of any child shall all occur without
ory, or should no other person be in attendance upon the
of the person or parents of such child to report its birth to
he period above required, and any such person or persons
this section shall be subjected to the fine of ten (10) dollars
ultures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second. A 1726
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	December 20th 1889.
4. *Place of Birth, (Street and Number)*	715 E Baltimore Street.
5. *Full Name of Mother.*	Eva Kelly.
6. *Mother's Maiden Name.*	Eva Elliott.
7. *Mother's Birthplace,*	New York State.
8. *Full Name of Father.*	Michael Kelly.
9. *Father's Occupation,*	Moulder.
10. *Father's Birthplace.*	Massachusetts.
Name of Medical Attendant, or other Person who makes this Return	David T. Powell M.D.
Address.	217 Asquith Street.
Remarks.	

MULLANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A 17262

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	—
3. Date of Birth	Dec. 20th, 1888
4. Place of Birth (Street and Number)	#243 S. Bond St.
5. Full Name of Mother	Emma R. Hand
6. Mother's Maiden Name	Emma R. Lancaster
7. Mother's Birthplace	City
8. Full Name of Father	James H. Hand
9 Father's Occupation	Brass Finisher
10. Father's Birthplace	City
Name of Medical Attendant, or other Person who makes this Return.	John H. Rehberger
Address	#1709 Alice Anna St
Remarks	

(card made out for 89 also) Oct. 10 5-19-38

Act Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

DEC 21 1889

A 17263

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Dec 20th 1889
4. *Place of Birth, (Street and Number)*	714 North Edm
5. *Full Name of Mother,*	Clara Robinson
6. *Mother's Maiden Name,*	Clara Evans
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Frank Robinson
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	Talbot County
Name of Medical Attendant, or other person who makes this Return.	Daniel N Moyer MD
Address,	1200 North Edm
Remarks,	City

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

2 mo. A 17264

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 mo.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* B.
3. *Date of Birth,* Dec. 20 / 09
4. *Place of Birth, (Street and Number)* 1729 N. Carrollie
5. *Full Name of Mother,* Annie E. Bishop
6. *Mother's Maiden Name,* " " Lennan
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* Arthur W. Bishop
9. *Father's Occupation,* Shoe Cutter
10. *Father's Birthplace,* Nova Scotia

Name of Medical Attendant, or other person who makes this Return. Geo. L. Williams

Address, 226 S. Bdy

Remarks,

SECTION 1.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 17265

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* December 20th 1889
4. *Place of Birth, (Street and Number)* N Charles st No 4
5. *Full Name of Mother,* Mary Early
6. *Mother's Maiden Name,* Mary Filmer
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Mathias Egerlin
9. *Father's Occupation,* Machinist
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return. Dr I Fully

Address, No 1828 Eutaw st

Remarks, doing well

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Baltimore under whose charge or superintendance a birth shall happen, shall keep a true and correct register of such birth and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Lillian Dorothy — Rochester

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A. 17366

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) white
3. Date of Birth, Dec 15. 20th 1889
4. Place of Birth, (Street and Number) Syracuse Alley # 2007.
5. Full Name of Mother, Emma Buehl
6. Mother's Maiden Name, " " Rochester
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Rochester
9. Father's Occupation, Teamer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks, GIVEN NAME ADDED. 5-18-54 b.m. Mrs. Buehl, informant

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 17267

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 21. 89
4. *Place of Birth, (Street and Number)* 549. Bloom St
5. *Full Name of Mother,* Dorie Weibard.
6. *Mother's Maiden Name,* Dorie Rosie.
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Chas Weibard
9. *Father's Occupation,* Saloon Keeper
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return (Geo. Thomas M.D.)

Address, 557. Pacastman St.

Remarks,

...son practicing midwifery in the City ...ce a birth shall hereafter take place, shall keep a true and ...ne on a blank schedule to be furnished by the Commis... ...et of the births which have occurred under his or her care ...during the month, and shall set forth, as far as the same ... any name shall have been conferred, its sex, color, the ... place of its birth, and the said schedule shall be delivered ... certificate, between the first and third day of each and ... birth of any child shall occur without the attendance of ... should no other person be in attendance upon the mother ... duty of the parent or parents of such child to report its ... within the period above required, except in the cases of ... any person or persons who shall hereafter fail to comply ... to a fine of ten dollars for each offence, to be recovered ...vered as other fines and penalties are recoverable.

F. FIET & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

A 17218

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether male or female)* M.
2. *Race or Color (if not of the white race)* W.
3. *Date of Birth* Dec. 21. 1889
4. *Place of Birth (Street and Number)* 1535 N. Balt. St.
5. *Full Name of Mother* Sarah E. Weber
6. *Mother's Maiden Name* ... ... Lewis
7. *Mother's Birthplace* Balt
8. *Full Name of Father* Otto Weber
9. *Father's Occupation* driver
10. *Father's Birthplace* Balt

Name of Medical Attendant, or other Person who makes this Return. Chas M. Neff

Address 763 W. Fayette St.

Remarks

That any Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 17269

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 21 '89
4. *Place of Birth, (Street and Number)* 323 N Howard St
5. *Full Name of Mother,* Mrs. Otis Eulalie O'Connor
6. *Mother's Maiden Name,* " " Bailey
7. *Mother's Birthplace,* St Marys Co Md
8. *Full Name of Father,* D M O'Connor
9. *Father's Occupation,* Salesman
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return. T C Worthington M D

Address, 840 W Fayette St Balto

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

...that every person practicing midwifery in the City of ... birth shall hereafter take place, shall keep a true and correct ... a blank schedule, to be furnished by the Commissioner of ... births which have occurred under his or her care during the ... ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the ... practitioner in the form of a certificate between the first and ... the Commissioner of Health. In case the birth of any child ... practitioner of midwifery, or should no other person be in ... shall occur without the attendance of a physician or practitioner ... It shall become the duty, of the person or parents of such ... child to report its birth to the Commissioner of Health, in the manner and within the period above required, and ... any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1889-90
10

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 21st 1889.
4. *Place of Birth, (Street and Number)* 2105 Mura St.
5. *Full Name of Mother,* Regina Pulle.
6. *Mother's Maiden Name,* " Helldorfer
7. *Mother's Birthplace,* Baltimore.
8. *Full Name of Father,* Andrew J. Pulle
9. *Father's Occupation,* Driver
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. John R. White M.D.

Address, 1019 N. Bond

Remarks,

Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 1732

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third baby
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	Dec. 21st 1
4. *Place of Birth, (Street and Number)*	Melrose ave 704 Balto
5. *Full Name of Mother,*	Clara M. Thomas
6. *Mother's Maiden Name,*	Clara M Scott
7. *Mother's Birthplace,*	Manchester Va
8. *Full Name of Father,*	William A. Thomas
9. *Father's Occupation,*	Fireman
10. *Father's Birthplace,*	Kentucky
Name of Medical Attendant, or other person who makes this Return.	Celestia Cooke,
Address,	1018 Sheilds Alley
Remarks,	

Extract Regulations of the Board of Health of the City of Baltimore.

Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 6-10-54

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Julia Agnes Cook

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Eight (8) A. 17272

1. *Sex*, (state whether male or female) Female
2. *Race or Color*, (if not of the white race) White
3. *Date of Birth*, Dec 21st 1889
4. *Place of Birth*, (Street and Number) No 1107 Ridgely st
5. *Full Name of Mother*, Mary Margaret Cook
6. *Mother's Maiden Name*, Mary Margaret Gracata
7. *Mother's Birthplace*, Baltimore
8. *Full Name of Father*, William Henry Cook
9. *Father's Occupation*, Carter
10. *Father's Birthplace*, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs Bange

Address, 711 Cross St

Remarks,

Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 17793

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 21st Dec 1859
4. Place of Birth, (Street and Number) 422 Pine St
5. Full Name of Mother, Maggie Massey
6. Mother's Maiden Name, Maggie Marston
7. Mother's Birthplace, Falls Road Baltimore Md
8. Full Name of Father, Justin Massey
9. Father's Occupation, House Shoer
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Wm Thurston

Address, 23 N Pappleton St

Remarks,

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec 2/ 84

4. Place of Birth, (Street and Number) 658 Saratoga St

5. Full Name of Mother, Jennie Ford

6. Mother's Maiden Name, Jennie Davis

7. Mother's Birthplace, Russia

8. Full Name of Father, Harris Ford

9. Father's Occupation, Tailor

10. Father's Birthplace, Russia

Name of Medical Attendant, or other Person who makes this Return. A Friedenwald M.D.

Address, 310 N. Eutaw St

Remarks,

Extract Regulations of the Board of Health of the City of Baltimore.

Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. Dec 21 1889

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Color
3. Date of Birth, Dec 21 1889
4. Place of Birth, (Street and Number) Waine Street 215
5. Full Name of Mother, Mary Francis Brown
6. Mother's Maiden Name,
7. Mother's Birthplace, Balt city
8. Full Name of Father, Wm Brown
9. Father's Occupation, Laborer
10. Father's Birthplace. Balt city

Name of Medical Attendant, or other Person who makes this Return Mary Dennis

Address, 903 ~~D~~ Peach Alley

Remarks, mid Wife

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

A. 1727

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 21 1889
4. *Place of Birth, (Street and Number)* 123 S Register St
5. *Full Name of Mother,* Lizzie L Hide
6. *Mother's Maiden Name,* Jones
7. *Mother's Birthplace,* Annapolis Md
8. *Full Name of Father,* Charles D Hide
9. *Father's Occupation,* Mate on Tug Boat
10. *Father's Birthplace,* Annapolis

Name of Medical Attendant, or other person who makes this Return, M A Davenport

Address, 225 S Ann St

Remarks, Both are doing Well Do Jno

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A 17777

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 1

1. *Sex,* (*state whether male or female*) Female
2. *Race or Color,* (*if not of the white race*) White
3. *Date of Birth,* ~~318 Hamburg st~~ Dec 21 1887
4. *Place of Birth,* (*Street and Number*) 318 Hamburg st
5. *Full Name of Mother,* Mary B Hazard
6. *Mother's Maiden Name,* Mary B Perkins
7. *Mother's Birthplace,* Richmond
8. *Full Name of Father,* John L Hazard
9. *Father's Occupation,* Labour
10. *Father's Birthplace,* South Brer Anne Co

Name of Medical Attendant, or other Person who makes this Return D. A. Tickerity

Address.

Remarks.

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

B. 1727

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Dec 21/89
4. *Place of Birth, (Street and Number)* No 242 S. Chappel St.
5. *Full Name of Mother,* Eva Greenfelder
6. *Mother's Maiden Name,* Schmidt
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Charles Greenfelder
9. *Father's Occupation,* Baker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Louise Kraft

Address, No 405 S. Washington St.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 17279

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Dec 27/89
4. *Place of Birth, (Street and Number)* N° 2130 Cambridge St
5. *Full Name of Mother,* Louise J Heisly
6. *Mother's Maiden Name,* Burks
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Heisly
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. Louise Kraft

Address, N° 4055 S. Washington Ave.

Remarks,

Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A. 17280

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	December 21st 1889
4. Place of Birth (Street and Number)	1531 W. Lexington St.
5. Full Name of Mother	Ella Clark
6. Mother's Maiden Name	Ella Scott
7. Mother's Birthplace	Elicott City
8. Full Name of Father	John B. Clark
9. Father's Occupation	Farmer
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	G. R. Uhler M.D.
Address	661 W. Fayette St
Remarks	

Important Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the city of Baltimore shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or if the person in attendance upon the mother, or the parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	(10) Tenth
1. *Sex (state whether male or female),*	Female A. 17281
2. *Race or Color (if not of the white race),*	White
3. *Date of Birth,*	Dec 21st 1889
4. *Place of Birth (Street and Number),*	Cor Dillon & Patapsco Sts
5. *Full Name of Mother,*	Maranda Sallars
6. *Mother's Maiden Name,*	Maranda Norris
7. *Mother's Birthplace,*	Baltimore City Md
8. *Full Name of Father,*	William Sallars
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore Co Md
Name of Medical Attendant, or other person who makes this Return.	Mrs R A Ryles
Address,	524 Canton St
Remarks,	Baltimore Md

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH A 17282

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 Th Child.
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	21 Dezember 1889.
4. *Place of Birth, (Street and Number)*	Paisen Str. № 1521.
5. *Full Name of Mother,*	Lizzie Heidel.
6. *Mother's Maiden Name,*	= Horn.
7. *Mother's Birthplace,*	Germanye.
8. *Full Name of Father,*	Martin Heidel
9. *Father's Occupation,*	Baecker
10. *Father's Birthplace,*	Germanye.
Name of Medical Attendant, or other Person who makes this Return.	Lizzie Schaeffler
Address,	Fortune № 1718 Locust Point
Remarks,	

SECTION 7.—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

JEF 28 1890

John Murphy & Co., City Printers and Stationers.

Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 17283

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	22 Dec
4. *Place of Birth, (Street and Number)*	1704 N. Broadway
5. *Full Name of Mother,*	Annie Muth
6. *Mother's Maiden Name,*	" Brooks
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Albert Muth
9. *Father's Occupation,*	Cabinet maker
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs Julia Groomy
Address,	941 N. Gay St
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17284

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	22 Dec
4. *Place of Birth, (Street and Number)*	942 N. Gay st
5. *Full Name of Mother,*	Ida Green
6. *Mother's Maiden Name,*	" Jones
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	George Green
9. *Father's Occupation,*	Porter
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	Mrs Julia Groom
Address,	940 N. Gay st
Remarks,	

DEC 30 [illegible]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall happen, shall keep a true and correct register of such birth, and shall hereafter take place, shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the date and place of birth, and the full name and occupation of its parents, the date and place of marriage of the parents, and the said schedule shall be delivered, duly signed by the practitioner in charge of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st child. A. 17285

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Dec. 22nd.
4. *Place of Birth, (Street and Number)* 552 Moore Alley
5. *Full Name of Mother,* Lizzie Taylor
6. *Mother's Maiden Name,* Harford Cty.
7. *Mother's Birthplace,* Harford County.
8. *Full Name of Father,* Oscar Brown.
9. *Father's Occupation,* Labor.
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return. Celesta Cook.

Address, 1008 Shields Aly.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

L 17286

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* Colored
3. *Date of Birth,* December 22nd 1889
4. *Place of Birth (Street and Number),* 809 Talbot Court
5. *Full Name of Mother,* Esther Giles
6. *Mother's Maiden Name,* Esther Danes
7. *Mother's Birthplace,* Lancaster County Va.
8. *Full Name of Father,* William Giles
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. Elizabeth McDowne

Address, 1702 Mulliken Street

Remarks,

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the city of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers

GIVEN NAME ADDED 5-18-54 L.M.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A. 17287

Elsa Maria Hugelmeyer

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) sixth child

1. Sex (~~state whether Male or~~ Female) Female
2. Race or Color (if not of the white race) white
3. Date of Birth December 22nd 1889
4. Place of Birth (Street and Number) 817 Poirer Str.
5. Full Name of Mother Johanne Charlotte
6. Mother's Maiden Name Johanne Onnen
7. Mother's Birthplace Germany (Osnabrück)
8. Full Name of Father Heinrich Hügelmeyer
9. Father's Occupation Cabinetmaker
10. Father's Birthplace Germany (Leuden).

Name of Medical Attendant, or other Person who makes this Return. Dr. A. Böhm

Address 729 W. Lexington Str.

Remarks healty child, ten pounds of weight.

rect Record of Vital Statistics in the City of Baltimore.

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Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 19288

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) Colored.
3. Date of Birth, Dec. 22, 1889.
4. Place of Birth, (Street and Number) 907 Linden Avenue.
5. Full Name of Mother, Emma Louisa Norris.
6. Mother's Maiden Name, " " Matson.
7. Mother's Birthplace, Pennsylvania.
8. Full Name of Father, John H. Norris.
9. Father's Occupation, Minister.
10. Father's Birthplace, Maryland.

Name of Medical Attendant, or other person who makes this Return, G. Lane Taneyhill.

Address, 1103 Madison avenue.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 17289

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Dec 22 89
4. *Place of Birth, (Street and Number)* N° 216 S. Ann St
5. *Full Name of Mother,* Christine Brockmann
6. *Mother's Maiden Name,* Lautenbach
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Friedrich Brockmann
9. *Father's Occupation,* Engineer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. Louise Klatt

Address, N° 405 S. Washington St.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

A. 17290

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* December 22-1880
4. *Place of Birth, (Street and Number)* 632 Columbia Ave
5. *Full Name of Mother* Mary E Fowler
6. *Mother's Maiden Name* Mary E Stephens
7. *Mother's Birthplace* Maryland
8. *Full Name of Father* Joseph L Fowler
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Maryland

Name of Medical Attendant, or other Person who makes this Return. Z. K. Wiley M.D

Address 724 N Gearey St

Remarks

A 17291

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Dec 22/84
4. *Place of Birth, (Street and Number)* No 2042 Eastern Ave
5. *Full Name of Mother,* Ellen Burk
6. *Mother's Maiden Name,* Trunk
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Burk
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. Louise Strakt

Address, No 405 S. Washington St.

Remarks,

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall happen, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17297

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Dec 22/89

4. Place of Birth, (Street and Number) No 504 Cannon St

5. Full Name of Mother, Kate Jupes

6. Mother's Maiden Name, Luther

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Henry Jupes

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Louise Kraft

Address, No 405 S. Washington St.

Remarks,

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 Child A. 1793

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White race
3. *Date of Birth* 22 of December
4. *Place of Birth (Street and Number)* No 5 3 4 Exeter st
5. *Full Name of Mother* Minnie Schaffer
6. *Mother's Maiden Name* Minnie Keller
7. *Mother's Birthplace* Baltimore County Texas
8. *Full Name of Father* George Schaffer
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address Midwife Teresa Keller No 538 Bethel Alley

Remarks

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ries in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 7.—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner it shall become the duty of the person or parents of such child to be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten ($10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1th Child.
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	White. A
3. *Date of Birth,*	22 Dezember 1889.
4. *Place of Birth, (Street and Number)*	Andrew Str. No. 1450.
5. *Full Name of Mother,*	Lina Löhöfer
6. *Mother's Maiden Name,*	= . Gürke.
7. *Mother's Birthplace,*	Baltimore Md.
8. *Full Name of Father,*	Richard Löhöfer
9. *Father's Occupation,*	Tuschinir
10. *Father's Birthplace,*	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return.	Lizzie Schaffler.
Address,	Fortaux. & 1702 Locust Point
Remarks,	

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 A. 17795

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dezbr. 22d 1889.
4. *Place of Birth, (Street and Number)* Cheapside Lt. # 129
5. *Full Name of Mother,* Mary Bail
6. *Mother's Maiden Name,* " Thinn
7. *Mother's Birthplace,* Baldimor
8. *Full Name of Father,* John Thinn
9. *Father's Occupation,* Tailar
10. *Father's Birthplace,* Hanarddarf Bayern

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks, mrs. Bulkley midwife

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17796

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 d

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* December 22. 1889.
4. *Place of Birth, (Street and Number)* 1305 Centralave.
5. *Full Name of Mother,* Lizzie Gaetz
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Ireland Gaetz
8. *Full Name of Father,* Dan. Gaetz
9. *Father's Occupation,*
10. *Father's Birthplace,* Germania

Name of Medical Attendant, or other person who makes this Return, Mrs Cecilie Bernstein

Address, 122 S. Exeter str.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 1-9-56

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Lorena Alberta ~~Van~~ Bibber

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First A. 1729

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 22nd 1889
4. *Place of Birth, (Street and Number)* N.W. Cor Fremont Ave & Lanvale St
5. *Full Name of Mother,* Vada A. Van Bibber
6. *Mother's Maiden Name,* " " Janney
7. *Mother's Birthplace,* Cecil County Md.
8. *Full Name of Father,* Wm. H. Van Bibber
9. *Father's Occupation,* Engineer B.C.&K.R.
10. *Father's Birthplace,* Baltimore County Md.

Name of Medical Attendant, or other person who makes this Return, James Cuthbert M.D.

Address, 89 Augusta Street

Remarks,

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 17298

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec. 22nd 1879
4. *Place of Birth, (Street and Number)* 921 W Franklin Street
5. *Full Name of Mother,* Ella C. Hill
6. *Mother's Maiden Name,* Ella C. Simpson
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Wm. T. Hill
9. *Father's Occupation,* Collector
10. *Father's Birthplace,* Richmond Va

Name of Medical Attendant, or other person who makes this Return. James Bevlittford M.D.

Address, 819 Arlington Street

Remarks,

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex color the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the city of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child. If any shall have been concerned, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th. A 17799.

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* Colored
3. *Date of Birth,* Dec. 22nd 87
4. *Place of Birth (Street and Number),* 559 N. Hoffman st
5. *Full Name of Mother,* Elizabeth Hilton
6. *Mother's Maiden Name,* Elizabeth Kirk
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Benjamin Hilton
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Balt.

Name of Medical Attendant, or other person who makes this Return. R. M. Hall

Address, 1019 D. Hill ave.

Remarks, This child was only about 7 mos. old when

The Baltimore Publishing Co., City Printers and Stationers.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall happen after the first day of January, 1878, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth child. 1 D. 17309

1. *Sex, (state whether male or female)* Female
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* December 22nd, 1889.
4. *Place of Birth, (Street and Number)* # 228 Carroll St.
5. *Full Name of Mother,* Kate Harris
6. *Mother's Maiden Name,* Kate Brothers
7. *Mother's Birthplace,* Carroll Co.
8. *Full Name of Father,* Thomas Harris
9. *Father's Occupation,* Millwright
10. *Father's Birthplace,* Carroll Co

Name of Medical Attendant, or other person who makes this Return. Harriet Simmons

Address, Bet. Sycamore Ave & Division St.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17301

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Dec 25th 1889
4. *Place of Birth, (Street and Number)*	707. Fremont Av.
5. *Full Name of Mother,*	Katie Barth
6. *Mother's Maiden Name,*	" Schmidt
7. *Mother's Birthplace,*	Balto City
8. *Full Name of Father,*	L. Barth
9. *Father's Occupation,*	Trimmer
10. *Father's Birthplace,*	Balto City
Name of Medical Attendant, or other person who makes this Return.	Mary Wallis
Address,	503 N. Broadway
Remarks,	City

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 1730

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 le

1. *Sex, (state whether male or female)* Mochegre
2. *Race or Color, (if not of the white race)* Noire
3. *Date of Birth,* 22 le Decembre 1884
4. *Place of Birth, (Street and Number)* Fort Ebye 710
5. *Full Name of Mother,* Barbe Jean
6. *Mother's Maiden Name,* Weis
7. *Mother's Birthplace,* Jamaique
8. *Full Name of Father,* Michel Jean
9. *Father's Occupation,* Work Mann
10. *Father's Birthplace,* Jamaicien

Name of Medical Attendant, or other person who makes this Return.

Address, Karoline Schway Fort St N 434

Remarks,

Baltimore under whose charge of superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 17303

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (State whether ~~male~~ female)
2. Race or color, (if not of the white race) White
3. Date of Birth, Decr 22- 1889
4. Place of Birth, (Street and Number) 509 Penna Ave.
5. Full Name of Mother, Annie Miller
6. Mother's Maiden Name, Kennedy.
7. Mother's Birthplace, Westminster Md
8. Full Name of Father, Lewis Miller
9. Father's Occupation, Stevedore
10. Father's Birthplace, Balto. Md

Name of Medical Attendant, or other person who makes this Return. Pearce Koontzing M.D.

Address, 601 Franklin St:-

Remarks,

DEC 24 1889

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd A. 17304

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 22nd December
4. *Place of Birth, (Street and Number)* 242. Druid Hill Ave East
5. *Full Name of Mother,* Minnie. Gilliland.
6. *Mother's Maiden Name,* Minnie. M. Gosnell.
7. *Mother's Birthplace,* Carroll County. Md.
8. *Full Name of Father,* Charles. O Gilliland.
9. *Father's Occupation,* Labor. Driver
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. Mrs. Sholmey.

Address, no. 731. Cumberland St.

Remarks, Dentist attended

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17305

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2. th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Dez. 22. 1889.
4. *Place of Birth, (Street and Number)*	Hull St 1104.
5. *Full Name of Mother,*	Ellen B. Malica
6. *Mother's Maiden Name,*	Ellen B Ehaman
7. *Mother's Birthplace,*	Balt
8. *Full Name of Father,*	Lewis Ehyman
9. *Father's Occupation,*	Book Keeper
10. *Father's Birthplace,*	Balt
Name of Medical Attendant, or other person who makes this Return,	Mor Ethel
Address,	No. 1619 Cuba St
Remarks,	

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth Dec 23d 1889
4. Place of Birth, (Street and Number) 22 E Clay St.
5. Full Name of Mother, Pauline Gendrik
6. Mother's Maiden Name, " Westfale
7. Mother's Birthplace, Germany
8. Full Name of Father, Frank Gendrik
9. Father's Occupation, Saloon Keeper
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Dr Morgan

Address, 315 N Monument

Remarks,

A 1736

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A 1307

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.)	Second
1. *Sex,* (*state whether male or female*)	Female
2. *Race or Color,* (*if not of the white race*)	
3. *Date of Birth,*	December 23rd 1889
4. *Place of Birth,* (*Street and Number*)	620 E Biddle
5. *Full Name of Mother,*	Carrie S. Werner
6. *Mother's Maiden Name,*	Carrie S. Kino
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	Chas A Werner
9. *Father's Occupation,*	Cigar Maker
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Emil F. Powell MD
Address,	# 217 Aisquith Street
Remarks,	

© DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

A 17308

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.)	2 Child.
1. *Sex*, (*state whether male or female*)	Female.
2. *Race or Color*, (*if not of the white race*)	
3. *Date of Birth*,	Dec 23 — 1889.
4. *Place of Birth*, (*Street and Number*)	1815 Westfalls Place.
5. *Full Name of Mother*,	Dora Zephier.
6. *Mother's Maiden Name*,	Zang.
7. *Mother's Birthplace*,	Germany.
8. *Full Name of Father*,	Charles Zephier.
9. *Father's Occupation*,	Laborer
10. *Father's Birthplace*,	Germany.
Name of Medical Attendant, or other person who makes this Return.	J. Lohwasser. Midwife.
Address,	1032 Hanover St.
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17,304

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Mulatto

3. Date of Birth, December 23rd

4. Place of Birth, (Street and Number) 312 N Patterson Pk Ave

5. Full Name of Mother, Mrs Norman D. Taylor

6. Mother's Maiden Name, Lizzie E Taylor

7. Mother's Birthplace, Prince George County Md

8. Full Name of Father, Norman D Taylor

9. Father's Occupation, Tobacco Business

10. Father's Birthplace, Prince George County Md

Name of Medical Attendant, or other Person who makes this Return. Truman T Tackett M D

Address, 1308 N Charles St

Remarks,

SECTION 7.—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same in a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co. Civic Printers and Stationers

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Sixth A. 17310 Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	December 23/89.
4. *Place of Birth, (Street and Number)*	Baltimore #26 S Paca St
5. *Full Name of Mother,*	Annie Dorsey.
6. *Mother's Maiden Name,*	Annie Kesters
7. *Mother's Birthplace,*	Baltimore Md.
8. *Full Name of Father,*	Patrick Dorsey.
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other person who makes this Return.	Mary Kraning
Address,	#14 S Stricker St Baltimore Md
Remarks,	Mother and child are well.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Over

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: John O'Brien

A 17311

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.)	3rd
1. *Sex,* (*state whether male or female*)	Male
2. *Race or Color,* (*if not of the white race*)	White
3. *Date of Birth,*	23 day of December
4. *Place of Birth,* (*Street and Number*)	# 514 East Eager st
5. *Full Name of Mother,*	Annie C Brian) O'Brien
6. *Mother's Maiden Name,*	Annie Clark
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John C Brian) O'Brien
9. *Father's Occupation,*	Brass finisher
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs Wodden
Address,	926 Greenmount Ave
Remarks,	

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person of parents of such child so to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 12-22-54

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17312

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Margaret Evelyn White 5th
1. *Sex (state whether male or female),*	Female
2. *Race or Color (if not of the white race),*	White
3. *Date of Birth,*	Dec. 23/89
4. *Place of Birth (Street and Number),*	212 S Collington av.
5. *Full Name of Mother,*	Elizabeth White
6. *Mother's Maiden Name,*	" Thompson
7. *Mother's Birthplace,*	Texas
8. *Full Name of Father,*	Fredk White
9. *Father's Occupation,*	Mariner
10. *Father's Birthplace,*	Prehuta co. Md
Name of Medical Attendant, or other person who makes this Return.	K.W. Mansfield M.D.
Address,	129 S. Broadway
Remarks,	

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the city of Baltimore, or more under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been contferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. Said schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Girl

2. *Race or Color, (if not of the white race)* white

3. *Date of Birth,* December 23 89

4. *Place of Birth, (Street and Number)* Garrett Ave 1339

5. *Full Name of Mother,* Therese Greiner

6. *Mother's Maiden Name,* Kutschke

7. *Mother's Birthplace,* Grossglau - Böhmen

8. *Full Name of Father,* Martin Greiner

9. *Father's Occupation,* Steveder

10. *Father's Birthplace,* Bernthal - Preussen

Name of Medical Attendant, or other person who makes this Return. Johanna Jonske

Address, Garrett Ave 1363

Remarks, Locust Point

A 1 1 5 1 3

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A. 1734

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	December 28th 1887
4. Place of Birth (Street and Number)	No 1431 Eastern Ave
5. Full Name of Mother	Kate Horr
6. Mother's Maiden Name	Kate Nagle
7. Mother's Birthplace	Balto
8. Full Name of Father	August Horr
9. Father's Occupation	Wheelright & Carriage builder
10. Father's Birthplace	Balto
Name of Medical Attendant, or other Person who makes this Return.	Thomas B Evans M D
Address	No 121 Jackson Square Balto Md
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Health Department to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the city of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; And the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 1735

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* Dec 23d
4. *Place of Birth (Street and Number),* 1737 Hanover St
5. *Full Name of Mother,* Levinia Morningstar
6. *Mother's Maiden Name,* Levinia Hipsley
7. *Mother's Birthplace,* Baltimore County
8. *Full Name of Father,* Edward E Morningstar
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Frederick City Md

Name of Medical Attendant, or other person who makes this Return. Mary E Price

Address, 1718 Ostend St

Remarks,

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d. child
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	A
3. *Date of Birth,*	Dec. 28th 1889.
4. *Place of Birth, (Street and Number)*	809 William St.
5. *Full Name of Mother,*	Maria Aaron -
6. *Mother's Maiden Name,*	" Shenkles,
7. *Mother's Birthplace,*	Philadelphia. Pa -
8. *Full Name of Father,*	Columbus C. Aaron -
9. *Father's Occupation,*	Butter dealer -
10. *Father's Birthplace,*	Dorchester Co. Md "
Name of Medical Attendant, or other person who makes this Return.	R. J. N. Tall. M.D. "
Address,	524 Sharp St,
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

SECTION 1.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5. Child
1. *Sex, (state whether male or female)*	Girl
2. *Race or Color, (if not of the white race)*	White Race
3. *Date of Birth,*	Born Dec 23d 1889
4. *Place of Birth, (Street and Number)*	No 2021 Frederick ave
5. *Full Name of Mother,*	Mrs M. ~~Ahearn~~ Davidson
6. *Mother's Maiden Name,*	Miss Ma. Ahearn
7. *Mother's Birthplace,*	Massachusetts
8. *Full Name of Father,*	Mr Wm Davidson
9. *Father's Occupation,*	Printer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Hans Heller
Address,	2127 West Pratt Str
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 5-24-54

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 17218

William Schraudner

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th 8th Child Twins.

1. *Sex, (state whether male or female)* 2 Boys.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* 23rd of December 1889.
4. *Place of Birth, (Street and Number)* 1008 N. Chester street
5. *Full Name of Mother,* Mary Gaegner.
6. *Mother's Maiden Name,* Mary Schraudner.
7. *Mother's Birthplace,* Baltimore.
8. *Full Name of Father,* Lehnhard Schraudner.
9. *Father's Occupation,* Butcher
10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other person who makes this Return. Crescintia Kunkel

Address, 213 North Chapel St. per Justina Kunkel.

Remarks, Healthy.

SECTION 4.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall occur without the attendance of a physician or practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

A. 1319

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d, &c.~~)	Second
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	December 23rd 1889.
4. Place of Birth (Street and Number)	No. 123 South Street
5. Full Name of Mother	Ida V. Dr Ford
6. Mother's Maiden Name	" " Wilson
7. Mother's Birthplace	Baltimore, Maryland
8. Full Name of Father	Joseph B. Dr Ford
9. Father's Occupation	Hotel Keeper
10. Father's Birthplace	Baltimore, Maryland
Name of Medical Attendant, or other Person who makes this Return.	J. Ridgely Hammond M. D.
Address	502 N. Carey St.
Remarks	

Penalty for Failure to Make Return.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

more under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 1320

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* white
3. *Date of Birth,* Dec. 23/89
4. *Place of Birth (Street and Number),* 1424 Oliver st
5. *Full Name of Mother,* Josephine Dunn
6. *Mother's Maiden Name,* Josphine Murphy
7. *Mother's Birthplace,* Balt.
8. *Full Name of Father,* W. M. Dunn
9. *Father's Occupation,* Fireman
10. *Father's Birthplace,* Balt.

Name of Medical Attendant, or other person who makes this Return. R. W. Mansfield M.D.

Address, 129 E Broadway

Remarks,

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 1732

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 ts
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Dez 23. 1889.
4. *Place of Birth, (Street and Number)*	6 Hubert Av
5. *Full Name of Mother,*	Ella Corklin
6. *Mother's Maiden Name,*	Ella Madden
7. *Mother's Birthplace,*	Baltimare
8. *Full Name of Father,*	Thomas Corklin
9. *Father's Occupation,*	Labour
10. *Father's Birthplace,*	Balt
Name of Medical Attendant, or other person who makes this Return.	Mrs Ettel
Address,	No 1619 Cuba St
Remarks,	

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as debts of like amount are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 A. M 32 V
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	23 of Dec. '89
4. *Place of Birth, (Street and Number)*	400 S. Exeter St
5. *Full Name of Mother,*	Mary Miller
6. *Mother's Maiden Name,*	Clausius
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Geo. Miller
9. *Father's Occupation,*	Oyster-packer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs. Jenny Turnt
Address,	19 S. Eden St.
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 17323

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd child
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	December 23rd 1889
4. *Place of Birth, (Street and Number)*	S. Charles st No 1720
5. *Full Name of Mother,*	Margret Day
6. *Mother's Maiden Name,*	Margret J Gresnard
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Charles Day
9. *Father's Occupation,*	Labourer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	E. F. Tully
Address,	No 1828 Light St
Remarks,	doing well

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 17321

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	24 Dec
4. *Place of Birth, (Street and Number)*	1217 Halon Ave
5. *Full Name of Mother,*	Virginia Schmidt
6. *Mother's Maiden Name,*	" Smith
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Robert Schmidt
9. *Father's Occupation,*	Harness maker
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs Julia Groom
Address,	940 N. Gay st
Remarks,	

SECTION 7. And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Sol

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* Colored

3. *Date of Birth,* 24 Dec

4. *Place of Birth, (Street and Number)* 116 Carlton St North

5. *Full Name of Mother,* Adelaide E Brooks

6. *Mother's Maiden Name,* Adelaide E Brooks

7. *Mother's Birthplace,* Balto City

8. *Full Name of Father,* Solon R Brooks

9. *Father's Occupation,* ~~Balto City~~ Laborer

10. *Father's Birthplace,* Balto City

Name of Medical Attendant, or other Person who makes this Return Elijah Comisky

Address, 116 Carlton St

Remarks,

A. 17326

during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and place of its birth and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of midwifery, or of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...IET & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Tenth (10th)

1. Sex, (state whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, December 24th 1889
4. Place of Birth, (Street and Number) No. 1403 North Chester St.
5. Full Name of Mother, Mrs. Annie Hubbard
6. Mother's Maiden Name, Miss Annie Conolly
7. Mother's Birthplace, England
8. Full Name of Father, Mr. John Hubbard
9. Father's Occupation, Bricklayer
10. Father's Birthplace, Virginia

Name of Medical Attendant or other person who makes this Return. Wm. H. Clendenen M.D.

Address, 1700 E. Fayette St. Cor Broadway

Remarks,

A. 17336

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name or each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same (on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician, or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10 child A 1/3.27

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* December 21st 1889

4. *Place of Birth, (Street and Number)* Byrd St. nr. 172[illegible]

5. *Full Name of Mother,* Mary Burns

6. *Mother's Maiden Name,* Mary Laurie Lane

7. *Mother's Birthplace,* Ireland

8. *Full Name of Father,* Michael Burns

9. *Father's Occupation,* Laborer

10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return. Dr. St. Tully

Address, No 1828 Light st

Remarks, dangt ill

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Baltimore under whose charge or superintendance a birth shall take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

DEC 28 1900

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 1728

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colord
3. *Date of Birth,* december 24
4. *Place of Birth, (Street and Number)* Surey st N115
5. *Full Name of Mother,* florence E Wilson
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Robert lee
9. *Father's Occupation,* labour
10. *Father's Birthplace,* Talbert County

Name of Medical Attendant, or other person who makes this Return, sarah J Wilson

Address, Surey st No 115

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 17329

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	December 24. 1889
4. *Place of Birth, (Street and Number)*	607 W Townsend st.
5. *Full Name of Mother,*	Mary Jane Zellers
6. *Mother's Maiden Name,*	" " O'neill
7. *Mother's Birthplace,*	Balt City
8. *Full Name of Father,*	Joseph A Zellers
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Balt City
Name of Medical Attendant, or other person who makes this Return.	Marbury Brewer Mrd
Address,	1106 McCulloh Street
Remarks,	

DEC 28 1889

Baltimore under whose charge or supervision a birth shall hereafter take place, shall, within ... after the birth, register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifry, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd. A. 1330

1. *Sex, (state whether ~~male or~~ female)* 24. Dec.
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* Dec 24
4. *Place of Birth, (Street and Number)* 32 N. Bond St
5. *Full Name of Mother,* Annie Howe
6. *Mother's Maiden Name,* " Wilson
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Thos. Howe
9. *Father's Occupation,* Fireman at Standard Brewery (Brewery)
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return. Fred W Weber MD

Address, 1721 Canton av

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17331

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	December 24 1889
4. *Place of Birth, (Street and Number)*	235 Burke St.
5. *Full Name of Mother,*	Mary Mickenman
6. *Mother's Maiden Name,*	Mary Bay
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	John Mickenman
9. *Father's Occupation,*	Carpenter
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return.	Mary L. Savarese
Address,	726 Luzerne St.
Remarks,	

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 17332

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	December 24, 1869
4. *Place of Birth, (Street and Number)*	1914 Orleans St.
5. *Full Name of Mother,*	Laura Arbort
6. *Mother's Maiden Name,*	Laura Kay
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Thomas Arbort
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return,	Mary J. Swayne
Address,	728 Lafayette St.
Remarks,	

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recovered.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male A. 17333

2. Race or Color, (if not of the white race) Dark Mun

3. Date of Birth Dec 24/89

4. Place of Birth, (Street and Number) 316 Myrtle Av

5. Full Name of Mother, Hannah Braden

6. Mother's Maiden Name,

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Unknown

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return. Gaynor Lane

Address, #118 Fulton St Baltimore Md

Remarks,

John Murphy & Co., City Printers and Stationers.

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

A. 17334

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Dec 24/84
4. *Place of Birth, (Street and Number)* No 722 Rose St
5. *Full Name of Mother,* Maggie Hellermann
6. *Mother's Maiden Name,* Schneidle
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Charles Hellermann
9. *Father's Occupation,* Shoemaker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mrs. Louise Kraft

Address, No 705 S. Washington St.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

3 ck A. 17335

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 ck
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Dec 24th 1887
4. *Place of Birth, (Street and Number)*	1134 W Pratt
5. *Full Name of Mother,*	Annie Dowd
6. *Mother's Maiden Name,*	" Dugan
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	Patrick Dowd
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other person who makes this Return.	Leo R Latham
Address,	
Remarks,	

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 1-7-55

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

E 1336

Johanna Young

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Dec. 24th 1889
4. Place of Birth, (Street and Number) 402 N. Central Ave.
5. Full Name of Mother, Matilda Young
6. Mother's Maiden Name, " Steinbach
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Frederick Young
9. Father's Occupation, Carpenter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Anna Ulrika Koelzke

Address, 114 S. Bond St.

Remarks,

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter to report its birth to the Commissioner of Health, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

GIVEN NAME ADDED 12-8-54

To the Office of Registrar of Vital ~~Statistics, Board of~~ Health, Baltimore City.

Name: Lillian Viola Eilerman

A 17337

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Dec. 24th 1889
4. *Place of Birth, (Street and Number)* 2006 Gough St.
5. *Full Name of Mother,* Elizabeth Eilerman
6. *Mother's Maiden Name,* L. Smith
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Jacob Eilerman
9. *Father's Occupation,* Mariner
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mrs Ulrika Goetzke

Address, 114 S. Bond St.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

L 17 338

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second (2d)

1. Sex, (state whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, December 24 1889
4. Place of Birth, (Street and Number) No 218 N. Castle Street
5. Full Name of Mother, Mrs. Amelia Veronica Eder
6. Mother's Maiden Name, Miss Amelia V. Conolly
7. Mother's Birthplace, Baltimore, Md
8. Full Name of Father, Mr. Edward Joseph Eder
9. Father's Occupation, Broom Maker
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. Wm. H. Clendinen M.D.

Address, 1700 E. Fayette St. Cor. Bevendrai

Remarks,

Physicians and others in charge of an establishment a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17339

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) 8vt

1. *Sex*, (*state whether male or female*) Male
2. *Race or Color*, (*if not of the white race*) White
3. *Date of Birth* Dec 24. 1889
4. *Place of Birth*, (*Street and Number*) 1128 Myrtle ave
5. *Full Name of Mother*, Margaret Laur.
6. *Mother's Maiden Name*, " Lieb.
7. *Mother's Birthplace*, Balt
8. *Full Name of Father*, George Laur
9. *Father's Occupation*, Clerk
10. *Father's Birthplace*, Balt.

Name of Medical Attendant, or other Person who makes this Return. Dr. Morgan

Address, 315 N Monument.

Remarks,

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second A 17340

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Dec 24th 1889

4. *Place of Birth, (Street and Number)* 1911 Division St

5. *Full Name of Mother,* Lilla E. Carson

6. *Mother's Maiden Name,* Lilla E. Krauth

7. *Mother's Birthplace,* York Pennsylvania

8. *Full Name of Father,* George W. Carson

9. *Father's Occupation,* Soda water Manufacturer

10. *Father's Birthplace,* Berlin Pennsylvania

Name of Medical Attendant, or other Person who makes this Return: G. H. Fleming M.D

Address, 928 Madison Ave

Remarks,

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under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be certificate between the first and third day of each and every birth of any child shall occur without the attendance of a be in attendance upon the mother, immediately thereafter report its birth to the Commissioner of Health, in the or persons who shall hereafter fail to comply with the provi for each offense to be recovered as other fines and forfeiture

John Murphy & Co., City Printers and Stationers.

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each Child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health Baltimore City.

17344

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child A.

1. *Sex, (state whether male or female)* Girl.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* 24th of December 1889
4. *Place of Birth, (Street and Number)* # 423 Wolf street.
5. *Full Name of Mother,* Annie Hollerdeor
6. *Mother's Maiden Name,* Annie Bright.
7. *Mother's Birthplace,* Anaplas.
8. *Full Name of Father,* Edward. S. Bright.
9. *Father's Occupation,* Carpenter.
10. *Father's Birthplace,* Anaplas.

Name of Medical Attendant, or other person who makes this Return. Crescintia Kunkel.

Address, 213 Nott Chapel St. per Justina Kunkel.

Remarks, Healthy.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Baltimore under whose charge or superintendance a birth shall happen, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17342

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	11th.
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	Colored.
3. *Date of Birth,*	December, 24th 1892.
4. *Place of Birth, (Street and Number)*	929 Howard St.
5. *Full Name of Mother,*	Mrs. Gussie Thomas.
6. *Mother's Maiden Name,*	Miss " Johnson.
7. *Mother's Birthplace,*	Chester Town.
8. *Full Name of Father,*	William Thomas.
9. *Father's Occupation,*	Labour at Lumber Yard.
10. *Father's Birthplace,*	Celestia Town
Name of Medical Attendant, or other person who makes this Return.	Mrs. Sarah Dowell.
Address,	213 Jasper st.
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3'

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* W A 17343

3. *Date of Birth* Dec 24 89

4. *Place of Birth, (Street and Number)* 417 N Gilmor

5. *Full Name of Mother,* Mary Eliz Addison

6. *Mother's Maiden Name,* Mary Eliz Mccow

7. *Mother's Birthplace,* Balto

8. *Full Name of Father,* Saml Addison

9. *Father's Occupation,* Merchant

10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other Person who makes this Return. T. E Chatard Jr

Address, 516 Park ave

Remarks,

SECTION 7.—And be it further enacted, That every physician, midwife or other person having charge of any case of parturition in the city of Baltimore hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 173 14

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10 Child

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White Race
3. *Date of Birth,* Born Dec 24th 1899
4. *Place of Birth, (Street and Number)* No 2110 Mannion St
5. *Full Name of Mother,* Mrs Ma Ragien
6. *Mother's Maiden Name,* Miss M Schieflink
7. *Mother's Birthplace,* West Preissen Germany
8. *Full Name of Father,* Mr F. Ragien
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* West Preissen Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Hiller

Address, 2127 West Pratt St

Remarks,

Every birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17325

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 Child

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White Race
3. *Date of Birth,* Born Dec 24th 1889
4. *Place of Birth, (Street and Number)* No 314 Smallwood Str
5. *Full Name of Mother,* Mrs A Rausch
6. *Mother's Maiden Name,* Miss A Snyder
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Mr L Rausch
9. *Father's Occupation,* Ice Driver
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Hiller

Address, 2127 West Pratt Str

Remarks,

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Child A 17346

1. *Sex, (state whether male or female)* Mädchen
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Den 24 Dezember 1889
4. *Place of Birth, (Street and Number)* Biddle Str No 1921
5. *Full Name of Mother,* Fanni Duke
6. *Mother's Maiden Name,* " Bechold
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Louis Duke
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return.

Address, Agnes Emma Meyer

Remarks, Biddle Str No 1933.

Every birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten 10 dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: William Edward Schwenk

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 th A. 17347
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Dez. 24. 1889
4. *Place of Birth, (Street and Number)*	Lindsay St 1406.
5. *Full Name of Mother,*	Mary Schwenk
6. *Mother's Maiden Name,*	Mary Mongason
7. *Mother's Birthplace,*	Balt
8. *Full Name of Father,*	George Schwenk
9. *Father's Occupation,*	Tabacco
10. *Father's Birthplace,*	Germna
Name of Medical Attendant, or other person who makes this Return.	Mrs Ettel
Address,	No 1619 Eutaw St
Remarks,	

register of such birth, and shall enter the same on a blank ... Health. This schedule shall contain a list of the births which ... month, and shall set forth as far as the same can be ascertained ... been conferred) its sex, color, the full name and occupation of ... said schedule shall be delivered, duly signed by the practitioner ... third day of each and every month to the office of the Commis... shall occur without the attendance of a physician or practition... attendance upon the mother, immediately thereafter it shall be ... child to report its birth to the Commissioner of Health, in the m... any such person or persons who shall hereafter fail to comply ... jected to the fine of ten (10) dollars for each offense, to be recov... recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

L. 17348

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex (state whether ~~male~~ or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Thursday Dec 26th 5 oclock PM
4. *Place of Birth, (Street and Number)* 1012 Curley St
5. *Full Name of Mother* Mary Leidkie
6. *Mother's Maiden Name* Mary Slaub
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Charles Fredrick Leidkie
9. *Father's Occupation* Glass Maker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. J. E. Pickard MD

Address 1010 Chesapeake St

Remarks Very large Child. Easy Natural Labor
Both mother and Child are doing well

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

17349

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 child A.
1. *Sex, (state whether male or female)*	Girl
2. *Race or Color, (if not of the white race)*	White Race
3. *Date of Birth,*	Born Dec. 25th 1889
4. *Place of Birth, (Street and Number)*	№ 413 Polaski Str
5. *Full Name of Mother,*	Mrs E. Schaefer
6. *Mother's Maiden Name,*	Miss E. Grief
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Mr A. Schafer
9. *Father's Occupation,*	Hoxter
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs Heller
Address,	2127 West Pratt Str
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17330

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7. th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Dec. 25.
4. *Place of Birth, (Street and Number)*	Clement St 1530.
5. *Full Name of Mother,*	Betsy Rice
6. *Mother's Maiden Name,*	Betsy Cornell
7. *Mother's Birthplace,*	New York
8. *Full Name of Father,*	George Rice
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Balt
Name of Medical Attendant, or other person who makes this Return.	Mrs Ethel
Address,	No 1619 Cuba St
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th — A. 17351

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* December 29 — 1865
4. *Place of Birth, (Street and Number)* N. 1525 E. Biddle
5. *Full Name of Mother,* Mary E. Elliott
6. *Mother's Maiden Name,* Fountain
7. *Mother's Birthplace,* Denton Caroline Co. Md.
8. *Full Name of Father,* Charles H. Elliott
9. *Father's Occupation,* Grocer & Store Keeper
10. *Father's Birthplace,* Hampton Va.

Name of Medical Attendant, or other person who makes this Return. Lt. Attendant

Address, 25 S. Edgar

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 8-18-54

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

George Louis Hermann

A 17352

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 25th Dec - 1889.
4. *Place of Birth, (Street and Number)* 937 N. Ensor St
5. *Full Name of Mother,* Mary Hermann
6. *Mother's Maiden Name,* " Krauz
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Lewis Hermann
9. *Father's Occupation,* Barber
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. Mrs Julia Graves

Address, 940 N. Gay St

Remarks,

a birth shall hereafter take place, shall keep a true and correct
on a blank schedule, to be furnished by the Commissioner of
births which have occurred under his or her care during the
be ascertained the full name of each child, if any shall have
occupation of its parents, the date and place of birth; and the
practitioner in the form of a certificate between the first and
the Commissioner of Health. In case the birth of any child
or practitioner of midwifery, or should no other person be in
ter it shall become the duty of the person or parents of such
alth, in the manner and within the period above required, and
d to comply with the provisions of this section shall be sub-
to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17353

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Col'd
3. *Date of Birth,* Dec 26/89
4. *Place of Birth, (Street and Number)* 221 Bruce St
5. *Full Name of Mother,* Elizabeth Braddock
6. *Mother's Maiden Name,* Elizabeth Braddock
7. *Mother's Birthplace,* Va
8. *Full Name of Father,* John Thomas
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Va

Name of Medical Attendant, or other person who makes this Return. Jane Woodland

Address,

Remarks,

...register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17354

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Col'd
3. *Date of Birth,* Dec 25 '87
4. *Place of Birth, (Street and Number)* — Vincent Ct.
5. *Full Name of Mother,* Lizzie Brooks
6. *Mother's Maiden Name,* Lizzie Brooks
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Thos Carroll
9. *Father's Occupation,* Lab
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. Jas Woodland

Address,

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 1755

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8 th.
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	Dec 25th 1889.
4. *Place of Birth, (Street and Number)*	725 East Biddle
5. *Full Name of Mother,*	Catharine Agnes Kilduff.
6. *Mother's Maiden Name,*	" " " " Carey.
7. *Mother's Birthplace,*	Baltimore.
8. *Full Name of Father,*	Thomas Joseph Kilduff.
9. *Father's Occupation,*	Painter
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs Woolen.
Address,	936 Monument av.
Remarks,	

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the information required by the said schedule, which shall be delivered, duly signed by the practitioner or midwife, to the office of the Commissioner of Health on the third day of each and every month. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17356

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* december 25
4. *Place of Birth, (Street and Number)* Hill st 426
5. *Full Name of Mother,* ranrat Baker
6. *Mother's Maiden Name,* ranrat gibs
7. *Mother's Birthplace,* Warkington
8. *Full Name of Father,* elick gibs
9. *Father's Occupation,* labor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. ranrat J. Wilson

Address, Hurey st No 115

Remarks,

DEC 28 18[illegible]

ster of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of
lth. This schedule shall contain a list of the births which have occurred under his or her care during the
th, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have
conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the
schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
l day of each and every month to the office of the Commissioner of Health. In case the birth of any child
l occur without the attendance of a physician or practitioner of midwifery, or should no other person be in
ndance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
d to report its birth to the Commissioner of Health, in the manner and within the period above required, and
such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
ed to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th A. 17367
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	December 25th
4. *Place of Birth, (Street and Number)*	1220 Wall St.
5. *Full Name of Mother,*	Mary Alexine Raysinger
6. *Mother's Maiden Name,*	Mary Alexine Evans
7. *Mother's Birthplace,*	Winchester D. A. Co. Md.
8. *Full Name of Father,*	Joseph Edw. Raysinger
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs. E. Tully
Address,	No. 1828 Light St.
Remarks,	doing well

Register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) IIII A. 17355

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Dezember 25th 1889
4. *Place of Birth, (Street and Number)* Durham St. # 16
5. *Full Name of Mother,* Marga. Hoffmann
6. *Mother's Maiden Name,* " " Kümmel
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Andrew Kümmel
9. *Father's Occupation,* Tanner
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. Bunkly midwife

Address,

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, *&c.*)	Seventh A. 17339
1. *Sex.* (*state whether male or female*)	Male
2. *Race or Color.* (*if not of the white race*)	
3. *Date of Birth,*	December 26th 1889
4. *Place of Birth,* (*Street and Number*)	# 1812 Druid Hill Avenue
5. *Full Name of Mother.*	Amanda Bagnall
6. *Mother's Maiden Name,*	Amanda McDyer
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Robert G Bagnall
9. *Father's Occupation,*	Salesman
10. *Father's Birthplace.*	Scotland.
Name of Medical Attendant, or other Person who makes this Return	Saml F Powell MD
Address,	#217 Aisquith Street
Remarks,	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

ULANY & CO., CITY PRINTERS AND STATIONERS

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17366

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Dec 26/84
4. *Place of Birth, (Street and Number)* N° 2347 Eastern Ave
5. *Full Name of Mother,* Lisbeth Lorenz
6. *Mother's Maiden Name,* Ulrich
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Lorenz
9. *Father's Occupation,* Restaurant
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. Louise Kraft

Address, N° 405 S. Washington St

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 A 1736

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Dec 26 89
4. *Place of Birth, (Street and Number)* N° 2532 Kligaman St
5. *Full Name of Mother,* Caroline Koerner
6. *Mother's Maiden Name,* Michelmann
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Henry Koerner
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. Louis Kraft

Address, N° 405 S. Washington St.

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense. The penalties are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

George Walter Gosling

A. 1/36 12

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1. St.
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	English
3. *Date of Birth,*	Dec. 26, 1851
4. *Place of Birth, (Street and Number)*	647 Lee St.
5. *Full Name of Mother,*	Harriet Gosling
6. *Mother's Maiden Name,*	Reamer
7. *Mother's Birthplace,*	London
8. *Full Name of Father,*	Walter H. Gosling
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	London
Name of Medical Attendant, or other person who makes this Return.	J. W. Crumpton M.D.
Address,	640 N. Bond St
Remarks,	GIVEN NAME ADDED 12-23-52 L.W.

Health. This schedule shall contain a list of the births which ... month, and shall set forth as far as the same can be ascertained ... been conferred its sex, color, the full name and occupation of ... said schedule shall be delivered, duly signed by the practitioner ... third day of each and every month to the office of the Commissioner of Health. In case the birth of any child ... shall occur without the attendance of a physician or practitioner ... attendance upon the mother, immediately thereafter it shall be ... child to report its birth to the Commissioner of Health, in the manner and within the period above required, and ... any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. D. PULANY & CO., CITY PRINTERS AND STATIONERS.

Register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* Colored
3. *Date of Birth,* December 26. 1889.
4. *Place of Birth (Street and Number),* 224 Jennings Court
5. *Full Name of Mother,* Elizabeth Broadaway
6. *Mother's Maiden Name,* Elizabeth Armstrong
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Jerry Broadaway
9. *Father's Occupation,* Laboring
10. *Father's Birthplace,* Essex Co Va

Name of Medical Attendant, or other person who makes this Return. Elizabeth Armstrong

Address, Saulsbin St 1702. between ann and Broadway

Remarks,

The Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 17364

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5. Child
1. *Sex, (state whether male or female)*	Girl
2. *Race or Color, (if not of the white race)*	White Race
3. *Date of Birth,*	Born Dec 26th 1889
4. *Place of Birth, (Street and Number)*	No. 402 Payson Str
5. *Full Name of Mother,*	Mrs L Kraemer
6. *Mother's Maiden Name,*	Miss L Smith
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Max G Kraemer
9. *Father's Occupation,*	Spinner
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs Hiller
Address,	2127 West Pratt Str
Remarks,	

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 1736 5

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) 5th

1. *Sex*, (*state whether male or female*) Male

2. *Race or Color*, (*if not of the white race*) Col.

3. *Date of Birth* Dec 26.

4. *Place of Birth*, (*Street and Number*) 239. Dolphin St.

5. *Full Name of Mother*, Amanda Baltz

6. *Mother's Maiden Name*, " Lewis

7. *Mother's Birthplace*, Clark Co Va

8. *Full Name of Father*, Jos Baltz.

9. *Father's Occupation*, Laborer.

10. *Father's Birthplace*, Balto Co. Md.

Name of Medical Attendant, or other Person who makes this Return. E. O. Miller. MD

Address, Woman's College dispensary

Remarks, Asst. Hoffman & Orchard Hill Sts

List of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be certificate between the first and third day of each and every month birth of any child shall occur without the attendance of a Physician or report its birth to the Commissioner of Health, in the manner and or persons who shall hereafter fail to comply with the provisions of for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 1365

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &*c.*) 1st

1. *Sex,* (*state whether male or female*) Male
2. *Race or Color,* (*if not of the white race*) Col
3. *Date of Birth,* Dec 26th 1889
4. *Place of Birth,* (*Street and Number*) 341 Forest st
5. *Full Name of Mother,* Rachel Thomas
6. *Mother's Maiden Name,* Rachel Ann Reese
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Robert Thomas
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. Dr. Parker X Jones

Address, 105 King st

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17367

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Col
3. *Date of Birth,* Dec 26/87
4. *Place of Birth, (Street and Number)* 1414 W Baltimore St
5. *Full Name of Mother,* Katie Connell
6. *Mother's Maiden Name,* Katie Gillis
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Thos Connell
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Jas Woodland

Address,

Remarks,

a birth shall hereafter take place, shall keep a true and correct
on a blank schedule, to be furnished by the Commissioner of
births which have occurred under his or her care during the
be ascertained the full name of each child, if any shall have
cupation of its parents, the date and place of birth, and the
practitioner in the form of a certificate between the first and
the Commissioner of Health. In case the birth of any child
or practitioner of midwifery, or should no other person be in
ter it shall become the duty of the person or parents of such
alth, in the manner and within the period above required, and
il to comply with the provisions of this section shall be sub-
to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 17368

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	26th dec
4. *Place of Birth, (Street and Number)*	817 N. Willow St
5. *Full Name of Mother,*	Margret Finnegs
6. *Mother's Maiden Name,*	" Nagah
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	Patrick Finnegs
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other person who makes this Return.	Mrs Julia Groony
Address,	940 N. Gay St
Remarks,	

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A. 17369

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth 4th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Oct 26th 1889
4. Place of Birth (Street and Number)	26 N. High St
5. Full Name of Mother	Catharine McDonnell
6. Mother's Maiden Name	" Mulcahey
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Daniel McDonnell
9. Father's Occupation	Blacksmith
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Dr. Winsey M.D
Address	1220 E. Fayette St
Remarks	Born Natural and at full term

Baltimore under whose charge or supervision a birth shall first take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 Child A 1737
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White Race
3. *Date of Birth,*	Born Dec 27th 1889.
4. *Place of Birth, (Street and Number)*	No. 22 Marion Str
5. *Full Name of Mother,*	Mrs A Malishefki
6. *Mother's Maiden Name,*	Miss A Lemkke
7. *Mother's Birthplace,*	Denmark
8. *Full Name of Father,*	Mr J. Malishefki
9. *Father's Occupation,*	Labor
10. *Father's Birthplace,*	Denmark
Name of Medical Attendant, or other person who makes this Return.	Mrs Hiller
Address,	2127 West Pratt Str
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A 1731

No. of Child of Mother, (*state whether* 1st, 2d, 3d, &c.) 3

1. *Sex,* (*state whether* ~~male~~ *or female*) Female
2. *Race or Color,* (*if not of the white race*) white
3. *Date of Birth,* December 27 1889
4. *Place of Birth,* (*Street and Number*) 2208 East Hanford St
5. *Full Name of Mother,* Georgia L. Kirwin
6. *Mother's Maiden Name,* Georgia Lynch
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Wm R. Kirwin
9. *Father's Occupation,* oyster & fruit packer
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other Person who makes this Return. Dr C Bungiorno

Address, 1107 Pratt St

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17317

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Col'd
3. *Date of Birth,*	Dec 27/87
4. *Place of Birth, (Street and Number)*	1020 Woodyear Av
5. *Full Name of Mother,*	Lizzie Smith
6. *Mother's Maiden Name,*	Lizzie Lewis
7. *Mother's Birthplace,*	Md
8. *Full Name of Father,*	Wm Smith
9. *Father's Occupation,*	~~Md~~ Driver
10. *Father's Birthplace,*	Md
Name of Medical Attendant, or other person who makes this Return.	Jane Williams
Address,	
Remarks,	

Physician making or causing the registration of a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 17373

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 27th 89
4. *Place of Birth, (Street and Number)* 245 Preapass Place
5. *Full Name of Mother,* Jennie L. Ecklriver
6. *Mother's Maiden Name,* Jennie L. Lappington
7. *Mother's Birthplace,* St. Marys Co. Md.
8. *Full Name of Father,* David E. Eckriver
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Kent Co. Md.

Name of Medical Attendant, or other person who makes this Return, C. C. Stewart. Jno

Address, 120 E 4th St.

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Leonard Luther Naylor

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4. Child A. 17374

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White Race
3. *Date of Birth,* Born Dec 27th 1899
4. *Place of Birth, (Street and Number)* No 1839 West Pratt Str
5. *Full Name of Mother,* Mrs B. Naylor
6. *Mother's Maiden Name,* Miss B. Lieg
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Mr T. Naylor
9. *Father's Occupation,* Glass Works
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Hiller

Address, 2127 West Pratt Str

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Boy

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Dec 27th 1889

4. *Place of Birth, (Street and Number)* 936 N Stricker St

5. *Full Name of Mother,* Celia Bolden

6. *Mother's Maiden Name,* Dunn

7. *Mother's Birthplace,* Balto.

8. *Full Name of Father,* William Bolden

9. *Father's Occupation,* Conductor

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. John Leff

Address, 701 N Monroe

Remarks,

A 17315

WM. J. C. DULAN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourteenth (14)

1. *Sex, (~~State whether~~ male ~~or female~~)*
2. *Race or color, (if not of the white race)* Negro
3. *Date of Birth,* Dece 27th 1889.
4. *Place of Birth, (Street and Number)* 1410 Bolton alley.
5. *Full Name of Mother,* Miranda Wilson
6. *Mother's Maiden Name,* Taylor.
7. *Mother's Birthplace,* Cumberland Md.
8. *Full Name of Father,* James Wilson.
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return. Pearce Kintzing

Address, 601 Franklin St.

Remarks, Not exactly a primipara, but still in her prime

A. 17376

DEC 30 1889

e on a blank schedule, to be furnished by the Commissioner of
the births which have occurred under his or her care during the
an be ascertained the full name of each child (if any shall have
d occupation of its parents, the date and place of birth; and the
the practitioner in the form of a certificate between the first and
e of the Commissioner of Health. In case the birth of any child
an or practitioner of midwifery, or should no other person be in
reafter it shall become the duty of the person or parents of such
Health, in the manner and within the period above required, and
r fail to comply with the provisions of this section shall be sub-
nce, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

A. 1337

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

DEC 30 1889

No. of Child of Mother (state whether 1st, ~~2d, 3d,~~ &c.)

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) Colored
3. *Date of Birth* Dec 27th/89
4. *Place of Birth* (Street and Number) 1047 Bank stut
5. *Full Name of Mother* Lizzie Davis
6. *Mother's Maiden Name* " Hubert
7. *Mother's Birthplace* Washington D C.
8. *Full Name of Father* Edmund Davis
9. *Father's Occupation* Driver
10. *Father's Birthplace* Maryland

Name of Medical Attendant, or other Person who makes this Return. Frank M. Gunnon M.D.

Address 322 N Gaine stut

Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th child. 17378

1. *Sex, (state whether male or female)* William James Batchler / Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* December 27th 1889
4. *Place of Birth, (Street and Number)* Forth St. no 5
5. *Full Name of Mother,* Carie Bacholar
6. *Mother's Maiden Name,* Carie Brown
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George Bachlor
9. *Father's Occupation,* Dealer Groceries ~~Store Keeper~~
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Dr. A Tully

Address, no 1828 Light

Remarks, doing well

Full name of child added by father upon applying for a transcript. E Klehn Reg - Jan 16-1935

~~Scott Batchler~~ Father

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimcre City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Mal. A. 17379
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Dec 27" 89
4. *Place of Birth, (Street and Number)*	103 Dover, St
5. *Full Name of Mother,*	Annie Seasovitch
6. *Mother's Maiden Name,*	Annie Cox
7. *Mother's Birthplace,*	Russia
8. *Full Name of Father,*	Geo. Seasovitch
9. *Father's Occupation,*	Tailor
10. *Father's Birthplace,*	Russia
Name of Medical Attendant, or other Person who makes this Return	H. L. Blake Jr.
Address,	403 Hanover St
Remarks,	

exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred), its sex, color, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

E. Pue & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17380

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 d.
1. *Sex, (state whether male or female)*	Male.
2. *Race or color, (if not of the white race)*	White. Race
3. *Date of Birth,*	Dec. 28/87
4. *Place of Birth, (Street and Number)*	No. 1820 Hanover St.
5. *Full Name of Mother,*	Julia A. Painter
6. *Mother's Maiden Name,*	" " Dent
7. *Mother's Birthplace,*	West Virginia
8. *Full Name of Father,*	William H. Painter
9. *Father's Occupation,*	Laborer.
10. *Father's Birthplace,*	Virginia
Name of Medical Attendant, or other person who makes this Return.	Annie Geers
Address,	No. 1714 Light St.
Remarks,	Yours. Respectfully

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and penalties are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First one

1. *Sex, (state whether male or female)* male

2. *Race or Color, (if not of the white race)* Light brown

3. *Date of Birth,* 28th of december 18

4. *Place of Birth, (Street and Number)* Riddle alley 1675

5. *Full Name of Mother,* Lena Slaughter

6. *Mother's Maiden Name,* Lena Rusel

7. *Mother's Birthplace,* Saint mary's County

8. *Full Name of Father,* William Slaughter

9. *Father's Occupation,* a Water

10. *Father's Birthplace,* City of Baltimore

Name of Medical Attendant, or other Person who makes this Return. Lydia V Somerville

Address, 616 E Lintonave

Remarks,

and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Bond Dc 28

1. *Sex, (state whether male or female)* female
2. *Race or color, (if not of the white race)* Colored race A. 17387
3. *Date of Birth,*
4. *Place of Birth, (Street and Number)* 152 East street
5. *Full Name of Mother,* Mary Chace
6. *Mother's Maiden Name,* Marg ford
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charley Chace
9. *Father's Occupation,* Oyster shucking
10. *Father's Birthplace,* Saint mars County

Name of Medical Attendant, or other person who makes this Return. Darkey Tomlin

Address, L 13 King strat

Remarks, No Docter

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained been conferred its sex, color, the full name and occupation of the said schedule shall be delivered, duly signed by the practitioner third day of each and every month to the office of the Commissioner shall occur without the attendance of a physician or practitioner attendance upon the mother, immediately thereafter it shall be child to report its birth to the Commissioner of Health, in the manner any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 17383

Name: Dorothea Johanna Rohrbach	
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8. d.
1. *Sex, (state whether male or female)*	female.
2. *Race or Color, (if not of the white race)*	white.
3. *Date of Birth,*	December. 4. 98
4. *Place of Birth, (Street and Number)*	933 Beaven: St.
5. *Full Name of Mother,*	Marie Rohrbach Schweiker
6. *Mother's Maiden Name,*	Marie Schweikert
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Wilhelm Rohrbach
9. *Father's Occupation,*	Cabinetmaker.
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Augustus Boisen.
Address,	7. Henrietta: St.
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 17382

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Dec 28 '89
4. *Place of Birth, (Street and Number)*	530 N Monroe
5. *Full Name of Mother,*	Mrs Alice Swayne
6. *Mother's Maiden Name,*	" Tucker
7. *Mother's Birthplace,*	Washington DC
8. *Full Name of Father,*	Wm Swayne
9. *Father's Occupation,*	Car Driver
10. *Father's Birthplace,*	Md
Name of Medical Attendant, or other person who makes this Return.	T C Worthington M D
Address,	840 W Fayette St
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 1385

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* December 28th. 89.
4. *Place of Birth, (Street and Number)* 1174 Bowlam St.
5. *Full Name of Mother,* Annie Browning
6. *Mother's Maiden Name,* Annie Potts
7. *Mother's Birthplace,* Baltimon Md.
8. *Full Name of Father,* William T. Browning
9. *Father's Occupation,* Finman
10. *Father's Birthplace,* Baltimon, Md.

Name of Medical Attendant, or other person who makes this Return. N.C. Pluks, M.D.

Address, 1203 W. Fayette St.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d child A 17386

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race)
3. Date of Birth, Dec, 28th 1887.
4. Place of Birth, (Street and Number) S. E. Cor. Ridgely & West Sts.
5. Full Name of Mother, Joanna Wallace,
6. Mother's Maiden Name, " Singleton,
7. Mother's Birthplace, Balto. City, Md.
8. Full Name of Father, James F. Wallace,
9. Father's Occupation, Coal & Wood -
10. Father's Birthplace, Va.

Name of Medical Attendant, or other person who makes this Return. R. J. N. Talbert M.D.

Address, 524 Sharp St.

Remarks,

a blank schedule, to be furnished by the Commissioner of
rths which have occurred under his or her care during the
ascertained the full name of each child, if any shall have
ipation of its parents, the date and place of birth; and the
ractitioner in the form of a certificate between the first and
he Commissioner of Health. In case the birth of any child
practitioner of midwifery, or should no other person be in
it shall become the duty of the person or parents of such
h, in the manner and within the period above required, and
to comply with the provisions of this section shall be sub-
o be recovered as other fines and forfeitures are recoverable.

register of such birth, and shall enter the same on a
Health. This schedule shall contain a list of the births
month, and shall set forth as far as the same can be
been conferred) its sex, color, the full name and
said schedule shall be delivered, duly signed by the
third day of each and every month to the office of the
shall occur without the attendance of a physician or
attendance upon the mother, immediately thereafter
child to report its birth to the Commissioner of
any such person or persons who shall hereafter
jected to the fine of ten (10) dollars for each

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Born in Baltimore

1. *Sex, (state whether male or female)* it is a female

2. *Race or Color, (if not of the white race)* Colored race A. 1738

3. *Date of Birth,* 28 December at eight o'clock

4. *Place of Birth, (Street and Number)* Dallas st, 319

5. *Full Name of Mother,* Mary Hopkins

6. *Mother's Maiden Name,* Mary Johnson

7. *Mother's Birthplace,* Mother Baltimore Birthplace

8. *Full Name of Father,* farther Charles stiene

9. *Father's Occupation,* hard labor

10. *Father's Birthplace,* farthes birthplace in Baltimore

Name of Medical Attendant, or other Person who makes this Return. Westerhenson

Address, 422 South dallas st

Remarks, lady attended

and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17388

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* December 29th. 89.
4. *Place of Birth, (Street and Number)* 1554 N. Fremont Ave.
5. *Full Name of Mother,* Caroline Hoffmann
6. *Mother's Maiden Name,* Caroline Streb
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Peter Hoffmann
9. *Father's Occupation,* Butcher
10. *Father's Birthplace,* Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return. H. C. Ohler, M.D.

Address, 1203 W. Fayette St.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17389

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	29 December
4. *Place of Birth, (Street and Number)*	Balto ~~Scott~~ 1221 scott st
5. *Full Name of Mother,*	Mary E Sacher
6. *Mother's Maiden Name,*	Mary E Creamer
7. *Mother's Birthplace,*	Balto City
8. *Full Name of Father,*	John E Sacher
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Balto City
Name of Medical Attendant, or other person makes this R[illegible]	Mrs. Dunyel
Address,	711 Scott St
Remarks,	

...ue on a blank schedule, to be furnished by the Commissioner of ... the births which have occurred under his or her care during the ... month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, ... be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd child A. 7390
1. *Sex, (state whether male or female)*	~~White~~ Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	December 27th 1889
4. *Place of Birth, (Street and Number)*	Raby Avenue No 1203
5. *Full Name of Mother,*	Mary Dribrie
6. *Mother's Maiden Name,*	Mary Ryan
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	William Dribrie
9. *Father's Occupation,*	Labourer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	E. A. Tully
Address,	No, 1828 Light st
Remarks,	doing well

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter, to report its birth to the Commissioner of Health, in the manner and within the period above required, and child to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable. any such person or persons who shall hereafter fail to c

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17341

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	December 29, 1884
4. *Place of Birth, (Street and Number)*	935 Harris Alley
5. *Full Name of Mother,*	Mary Eder
6. *Mother's Maiden Name,*	Mary Lebrun
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	Peter Eder
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Mary L Lebrun
Address,	726 Luzerne St.
Remarks,	

Health. This schedule shall contain a list of the birth... month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 17394

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White,
3. *Date of Birth,* December 29th.
4. *Place of Birth (Street and Number),* 201 W. Conway St.
5. *Full Name of Mother,* Ida Drinkwater
6. *Mother's Maiden Name,* Ringold,
7. *Mother's Birthplace,* Maryland,
8. *Full Name of Father,* Charles Drinkwater,
9. *Father's Occupation,* Book-binder,
10. *Father's Birthplace,* Scotland,

Name of Medical Attendant, or other person who makes this Return. Daniel L. Lindenstadt

Address, N. E. Cor. Columbia & Fremont Aves.

Remarks,

This schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 17393

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	29 Dec
4. *Place of Birth, (Street and Number)*	1114 Sommerset st
5. *Full Name of Mother,*	Helhena Ebersberger
6. *Mother's Maiden Name,*	" Schafer
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Michael Ebersberger
9. *Father's Occupation,*	Cabinet maker
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs Julia Groom
Address,	940 N. Gay st
Remarks,	

register of such birth and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

A 17391

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	Dec 30 1889
4. *Place of Birth, (Street and Number)*	320 Second st
5. *Full Name of Mother*	Fannie E
6. *Mother's Maiden Name*	Colton
7. *Mother's Birthplace*	Md
8. *Full Name of Father*	Harry Earle
9. *Father's Occupation*	Clerk
10. *Father's Birthplace*	Md
Name of Medical Attendant, or other Person who makes this Return.	C A Kile
Address	1113 Madison Ave
Remarks	

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: John Ambrose Groeninger A. 17395

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 1st 1859
4. Place of Birth, (Street and Number) 537 McEnachen St
5. Full Name of Mother, Eliza Groeninger
6. Mother's Maiden Name, ~~Kelly~~ Lane
7. Mother's Birthplace, Balto
8. Full Name of Father, Joseph Groeninger
9. Father's Occupation, Rectifier
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Chas E Sadtler MD

Address, 2100 Druid Hill Ave

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17346

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Dec 1 1887
4. *Place of Birth, (Street and Number)* 705 S. Eden St.
5. *Full Name of Mother,* Isabell Daugherty
6. *Mother's Maiden Name,* Conly
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Daniel Daugherty
9. *Father's Occupation,* Black Smith
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return, Mary Klein

Address, 1427 E. Pratt St.

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

a blank schedule, to be furnished by the Commissioner of
births which have occurred under his or her care during the
e ascertained the full name of each child, if any shall have
upation of its parents, the date and place of birth; and the
practitioner in the form of a certificate between the first and
he Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or prac-
r it shall become the duty of the person or parents of such
th, in the manner and within the period above required, and
to comply with the provisions of this section shall be sub-
o be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

GIVEN NAME ADDED 5-2-52

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Frank Leslie Gardler

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st. A 17397

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Black
3. *Date of Birth,* Dec. 1st. 1887
4. *Place of Birth, (Street and Number)* 345 S. Broadway.
5. *Full Name of Mother,* Annie Maria Gardler,
6. *Mother's Maiden Name,* " " Ralph,
7. *Mother's Birthplace,* Minster Shotts England
8. *Full Name of Father,* Frank Gardler
9. *Father's Occupation,* Baggage Master B & O R.R.
10. *Father's Birthplace,* Bristol Shotts England

Name of Medical Attendant, or other person who makes this Return. Dr. J. Lomax

Address, 337 S. Broadway

Remarks, Female child name, Frank Leslie

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 11-6-33

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A. 17398

Name: Sadye Miller

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Dec - 18 - 89.
4. *Place of Birth, (Street and Number)*	170 S - Carlton Avenue
5. *Full Name of Mother,*	Dora Miller
6. *Mother's Maiden Name,*	— Cohn
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Abel Miller
9. *Father's Occupation,*	Stocking Manufacturer
10. *Father's Birthplace,*	Russia.
Name of Medical Attendant, or other Person who makes this Return	Signed M Litchard L.R.C.S Edy.
Address,	6. S. Exeter St.
Remarks,	

of Baltimore, shall report to the registrar aforesaid, the date of birth, sex, and color of the child or children within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

ANY & CO., CITY PRINTERS AND STATIONERS.

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17399

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* December 1st. 1889 (10.13 am)
4. *Place of Birth, (Street and Number)* Maternite
5. *Full Name of Mother,* Mary Ann Dunn
6. *Mother's Maiden Name,* Mary Ann McDonald
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* John Dunn
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return, William J Todd M.D.

Address, Res Phy. Maternite

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17401

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &*c.*)

1. *Sex*, (*State whether male or female*)
2. *Race or color*, (*if not of the white race*)
3. *Date of Birth*, 1 January 1889.
4. *Place of Birth*, (*Street and Number*) No 6 Causey St
5. *Full Name of Mother*, Josephine Schmidt.
6. *Mother's Maiden Name*, Arnold.
7. *Mother's Birthplace*, German
8. *Full Name of Father*, Charles Arnold.
9. *Father's Occupation*, Tinsmith.
10. *Father's Birthplace*, Germany.

Name of Medical Attendant, or other person who makes this Return. Catherine Münch

Address, 800 Ladenhall Street

Remarks,

DEC 1 1899

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. D. ADLANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth.
1. *Sex, (state whether male or female)*	Male. A. 11401
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Dec 1st 1899.
4. *Place of Birth, (Street and Number)*	1014 Riversdale Ave
5. *Full Name of Mother,*	M. J. Shane
6. *Mother's Maiden Name,*	M J Piney
7. *Mother's Birthplace,*	N Carolina
8. *Full Name of Father,*	A R D Shane
9. *Father's Occupation,*	Blacksmith
10. *Father's Birthplace,*	Harford Co Md
Name of Medical Attendant, or other person who makes this Return.	Mrs M A Cottrell
Address,	606 Hanover St
Remarks,	

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 17402

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	December 21 1889
4. *Place of Birth, (Street and Number)*	# 844 Harlond Ave.
5. *Full Name of Mother,*	Mrs. Diane
6. *Mother's Maiden Name,*	Mr. Kreschen
7. *Mother's Birthplace,*	Balto. County.
8. *Full Name of Father,*	Thomas Diane.
9. *Father's Occupation,*	Cab-driver.
10. *Father's Birthplace,*	Baltimore.
Name of Medical Attendant, or other person who makes this Return.	M. A. Bird.
Address,	# 1245 E. Monument St. cor. Central Ave.
Remarks,	All Well

Register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 17403

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d.
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	8 of December
4. *Place of Birth, (Street and Number)*	629 Portland st.
5. *Full Name of Mother,*	Mary L. Wilkens
6. *Mother's Maiden Name,*	Mary L. Mack
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	George F. Wilkens
9. *Father's Occupation,*	Wheelwright
10. *Father's Birthplace,*	Büdken Hannover Germany
Name of Medical Attendant, or other person who makes this Return,	Miss C. Seebach
Address,	715 N. Pratt St
Remarks,	

Health. This schedule shall contain a list of the birth... month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered, ... other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st Child
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White race
3. *Date of Birth,*	3rd December 1889
4. *Place of Birth, (Street and Number)*	527 N. Bond St.
5. *Full Name of Mother,*	Mrs. Lena Kuchne.
6. *Mother's Maiden Name,*	Miss " Etzel.
7. *Mother's Birthplace,*	Bavaria. Germany.
8. *Full Name of Father,*	Herman Kuchne.
9. *Father's Occupation,*	Piano Tuner.
10. *Father's Birthplace,*	Baltimore. Md.
Name of Medical Attendant, or other person who makes this Return.	Cathrena Murphy
Address,	800 Leadenhall St.
Remarks,	

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

JAN 1 1890

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 17405

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex, (state whether male or female)* Male
2. *Race or color, (if not of the white race)*
3. *Date of Birth,* Dec. 3rd 1889
4. *Place of Birth, (Street and Number)* 440 Hickory Ave. Hampden, Balt.
5. *Full Name of Mother,* Elizabeth Dietz
6. *Mother's Maiden Name,* Elizabeth Myers
7. *Mother's Birthplace,* York Co. Pa.
8. *Full Name of Father,* John C. Dietz
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Carroll Co. Md.

Name of Medical Attendant, or other person who makes this Return. Geo. T. Shower M.D.

Address, 119 - 3rd Ave. Woodberry, Balt. Md.

Remarks,

JAN 3 1890

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or [illegible] or should no other person be in attendance upon the mother, immediately thereafter [illegible] the person or parents of such child to report its birth to the Commissioner of Health [illegible] period above required, and any such person or persons who shall hereafter [illegible] manner and within the time provided by this section shall be subjected to the fine of ten (10) dollars for each offence [illegible] to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 7106

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	December 3 1889.
4. *Place of Birth, (Street and Number)*	# 1218 Fayette St.
5. *Full Name of Mother,*	H. Grebense
6. *Mother's Maiden Name,*	H. Riedmire
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	H. Grebense
9. *Father's Occupation,*	Book-keeper.
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	M. A. Britt M.D.
Address,	1245. E Monument St.
Remarks,	See Note.

Register of such birth and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17407

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* boy
2. *Race or Color, (if not of the white race)* C
3. *Date of Birth,* 3 December
4. *Place of Birth, (Street and Number)* 1630 Broadway
5. *Full Name of Mother,* Mary E Shutton
6. *Mother's Maiden Name,* — Forster
7. *Mother's Birthplace,* Balt. city
8. *Full Name of Faiher,* Robert E Shutton
9. *Father's Occupation,*
10. *Father's Birthplace,* Balt.

Name of Medical Attendant, or other person who makes this Return, Anna Walker

Address, 928 Central Avenue

Remarks,

JAN 3 1900

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17408

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Dec 4 — 1889
4. *Place of Birth, (Street and Number)* 327 S. Caroline St.
5. *Full Name of Mother,* Maggi Gaetz
6. *Mother's Maiden Name,* Behm
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Casper Gaetz
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Harry Stein

Address, 1427 E. Fath St.

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 17409

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	white race
3. *Date of Birth,*	December the 4th
4. *Place of Birth, (Street and Number)*	Baltimore William st 1521
5. *Full Name of Mother,*	Jane A Saddler
6. *Mother's Maiden Name,*	Hubbard
7. *Mother's Birthplace,*	Saint Marys Co Md
8. *Full Name of Father,*	William A Saddler
9. *Father's Occupation,*	Boiler maker
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Elizabeth Hathorn
Address,	1514 Light st
Remarks,	

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained been conferred) its sex, color, the full name and occupation of its said schedule shall be delivered, duly signed by the practitioner third day of each and every month to the office of the Commissioner shall occur without the attendance of a physician or practitioner attendance upon the mother, immediately thereafter it shall be child to report its birth to the Commissioner of Health, in the manner any such person or persons who shall hereafter fail to comply with jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 17410

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 4 1889
4. *Place of Birth, (Street and Number)* #621 Central Ave.
5. *Full Name of Mother,* B. Broch.
6. *Mother's Maiden Name,* B. Helfrich
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Fr. Broch.
9. *Father's Occupation,* Shoe-maker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. M. A. Burch

Address, 124 E. Monument St.

Remarks, Col. Well.

on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth A. 1411
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	December 4 - 89
4. Place of Birth (Street and Number),	#436 E. Cross St
5. Full Name of Mother,	Maggie Moyer
6. Mother's Maiden Name,	Maggie Stickfuss
7. Mother's Birthplace,	Baltimore City
8. Full Name of Father,	George Moyer
9. Father's Occupation,	Stone Cutter
10. Father's Birthplace,	Baltimore City
Name of Medical Attendant, or other person who makes this Return.	Charles M. Jeffers M.D.
Address,	# 48 E. Montgomery St.
Remarks,	

The Baltimore Publishing Co., City Printers and Stationers.

GIVEN NAME ADDED 6-14-54

RETURN OF A ~~BIRTH~~ A. 17417

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Anna Martha Graubner

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second child.
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	white race
3. *Date of Birth,*	4th of December 1889
4. *Place of Birth, (Street and Number)*	637 Dover Street
5. *Full Name of Mother,*	Eva Theresa ~~Hartlieb~~ Graubner
6. *Mother's Maiden Name,*	" " Hartlieb
7. *Mother's Birthplace,*	Bavaria Germany
8. *Full Name of Father,*	Rheinhard Hermann Graubner
9. *Father's Occupation,*	Furrier
10. *Father's Birthplace,*	Saxony Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs C. Sabach
Address,	735 W. Pratt St.
Remarks,	

Health. This schedule shall contain a list of the birth... month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 1743

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Balto December 4/89
4. *Place of Birth, (Street and Number)* 739 Ramsay
5. *Full Name of Mother,* Maggie Griffith
6. *Mother's Maiden Name,* Maggie Vanskever
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Allen A. Griffith
9. *Father's Occupation,* Produce & Grain Dealer
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return. Mrs Bacz

Address, 711 S[illegible]

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A. 1414

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 4th December 1889
4. *Place of Birth, (Street and Number)* 312 E Hamburg St
5. *Full Name of Mother,* Mary A Solan
6. *Mother's Maiden Name,* Boston Mass
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Martin J^s Solan
9. *Father's Occupation,* Safe Worker
10. *Father's Birthplace,* Boston Mass

Name of Medical Attendant, or other person who makes this Return. Elizabeth Gerwell

Address, 516 Hunt Ave

Remarks,

register of such birth and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten 10 dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 17415

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	Dec 4th
4. *Place of Birth, (Street and Number)*	No 17 W Hamilla St
5. *Full Name of Mother,*	Ida Gough
6. *Mother's Maiden Name,*	" Lemon
7. *Mother's Birthplace,*	City
8. *Full Name of Father,*	John Gough
9. *Father's Occupation,*	Telegraph Operator
10. *Father's Birthplace,*	City
Name of Medical Attendant, or other person who makes this Return.	J C Burch M D
Address,	511 Saratoga St
Remarks,	

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third day of each and every month to the office of the Commissioner of Health. In case the child of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or practitioner of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten 10 dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A 17416

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Decr. 5th 1889.
4. *Place of Birth, (Street and Number)* 1347 N Carey St
5. *Full Name of Mother,* Annie H Ridgaway
6. *Mother's Maiden Name,* Annie H Snead
7. *Mother's Birthplace,* Eastern Shore Talbot Co. Md
8. *Full Name of Father,* Samuel H Ridgaway
9. *Father's Occupation,* Corpenter & wheel right
10. *Father's Birthplace,* Bay Hundred Talbot Co Md

Name of Medical Attendant or other person who makes this Return, Dr. Wm J. Ashfall

Address, ~~1334~~ 1351 N Gilmor St

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17417

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* December fifth.
4. *Place of Birth, (Street and Number)* 729 Cross st.
5. *Full Name of Mother,* Ida. M. Brown.
6. *Mother's Maiden Name,* Ida M Franzke
7. *Mother's Birthplace,* Baltimore. Md.
8. *Full Name of Father,* J. Louis. Brown.
9. *Father's Occupation,* Cigar maker
10. *Father's Birthplace,* Baltimore. Md.

Name of Medical Attendant, or other person who makes this Return. Mrs Bange

Address, 711 Cross St

Remarks,

Health. This schedule shall contain a list of the birth... month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 1718

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	colule
3. *Date of Birth,*	Dec 5th
4. *Place of Birth, (Street and Number)*	No 644 W. Lee St
5. *Full Name of Mother,*	Ida Caton
6. *Mother's Maiden Name,*	" Penn
7. *Mother's Birthplace,*	City
8. *Full Name of Father,*	Wm. J. Caton
9. *Father's Occupation,*	Machinist
10. *Father's Birthplace,*	City
Name of Medical Attendant, or other person who makes this Return.	L. C. Bench M D
Address,	511 Hanover St
Remarks,	

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if one shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 3-7-55

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 17419

JAN 3 1890

Stella May Houser

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white race

3. Date of Birth, December the 5th 1889

4. Place of Birth, (Street and Number) Baltimore light st 1934

5. Full Name of Mother, Matilda Houser

6. Mother's Maiden Name, Burringarten

7. Mother's Birthplace, Baltimore

8. Full Name of Father, jackop H Houser

9. Father's Occupation, laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Elizabeth Heathorn

Address, 1514 light st

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of physic, midwife or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, and the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17420

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 5 Dec.
4. *Place of Birth, (Street and Number)* 407 S. Gilmor
5. *Full Name of Mother,* Mary A. Healy
6. *Mother's Maiden Name,* " " Mahon
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* John T. Healy
9. *Father's Occupation,* Hostler at (Mt Clare)
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return. M. J. Lennon

Address, 339 S. Broadway

Remarks, Male child

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 17421

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 rd.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec. 3 th. 1889
4. *Place of Birth, (Street and Number)* 1330 N. Inc. Harrison
5. *Full Name of Mother,* E. Middinger
6. *Mother's Maiden Name,* E. Lisher
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Charles Middinger
9. *Father's Occupation,* Ice driver
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return. N. J. Lemon

Address, 339 S. E. Monument st

Remarks, Healthy baby name George

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 17422

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* girl
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* December 5 1889
4. *Place of Birth, (Street and Number)* Eger 1048
5. *Full Name of Mother,* Barbar Shineh
6. *Mother's Maiden Name,* Roayman
7. *Mother's Birthplace,* Bohiomen
8. *Full Name of Father,* Joseph Roayman
9. *Father's Occupation,* Shoe maker
10. *Father's Birthplace,* Bohiaman

Name of Medical Attendant, or other person who makes this Return. Mary Kopta

Address,

Remarks, Washington Co

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED, 1-10-55

RETURN OF A BIRTH

A17473

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Mary Catherine Cooney 2.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 6 1879
4. *Place of Birth, (Street and Number)* 308 Florence St. Catonsville
5. *Full Name of Mother,* M. Cooney
6. *Mother's Maiden Name,* M. Cooney
7. *Mother's Birthplace,* Balto. County.
8. *Full Name of Father,* J. Cooney
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Balto. County.

Name of Medical Attendant, or other person who makes this Return. M. A Butler

Address, 1245. E. Monument St. cor. Central Ave

Remarks, Affd Wells

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 1747

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Dec 6 89
4. *Place of Birth, (Street and Number)*	926. E. Preston St
5. *Full Name of Mother,*	Laura. M. Reign
6. *Mother's Maiden Name,*	" " Fick
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Eugene. Reign
9. *Father's Occupation,*	Letter carrier
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs Mary R Allwell
Address,	912 Mc Donogh St
Remarks,	

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17425

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	Dec. 6th
4. *Place of Birth, (Street and Number)*	216 N. Greene St
5. *Full Name of Mother,*	Catharine Skeer
6. *Mother's Maiden Name,*	Catharine Mendorf
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Bernard Skeer
9. *Father's Occupation,*	Merchant
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	L. Jenkins
Address,	120 Cathedral St.
Remarks,	

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner or midwife, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17426

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	December 6, 1889
4. *Place of Birth, (Street and Number)*	314 Mulgan St.
5. *Full Name of Mother,*	E. Hall
6. *Mother's Maiden Name,*	E. Jones
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	J. P. Hall
9. *Father's Occupation,*	Butcher
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return.	Mrs. M. A. Butts.
Address,	1245 E. Monument St cor. Central Av
Remarks,	All Well

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

a blank schedule, to be furnished by the Commissioner of
rths which have occurred under his or her care during the
ascertained the full name of each child, if any shall have
upation of its parents, the date and place of birth; and the
practitioner in the form of a certificate between the first and
e Commissioner of Health. In case the birth of any child
practitioner of midwifery, or should no other person be in
it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 17427

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (State whether male or female)* Female
2. *Race or color, (if not of the white race)*
3. *Date of Birth,* Dec 6th 1887.
4. *Place of Birth, (Street and Number)* 1722 Eastern ave
5. *Full Name of Mother,* Edna Godship
6. *Mother's Maiden Name,* " Roske
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Joseph Godship
9. *Father's Occupation,* Boiler maker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mrs Edna Godship

Address, 1744 Bank st

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17428

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* girl
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 6 December
4. *Place of Birth, (Street and Number)* 1911 Valley st,
5. *Full Name of Mother,* Catherine ~~Schneider~~ Franz
6. *Mother's Maiden Name,* Schneider
7. *Mother's Birthplace,* Ball city
8. *Full Name of Father,* John R. Franz
9. *Father's Occupation,* Taylor
10. *Father's Birthplace,* Ball city

Name of Medical Attendant, or other person who makes this Return. Annie L. Walker

Address, 928 Central Av.

Remarks,

Health. This schedule shall contain a list of the ... month, and shall set forth as far as the same can ... been conferred) its sex, color, the full name and ... said schedule shall be delivered, duly signed by the ... third day of each and every month to the office of ... shall occur without the attendance of a physician ... attendance upon the mother, immediately thereafter ... child to report its birth to the Commissioner of Health ... any such person or persons who shall hereafter ... jected to the fine of ten (10) dollars for each offense.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 17429

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* white 1889
3. *Date of Birth,* December
4. *Place of Birth, (Street and Number)* Wolf 1714
5. *Full Name of Mother,* Sophia Navak
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Joseph Navak
9. *Father's Occupation,* tailor
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other person who makes this Return, Mary Kopta

Address,

Remarks, Washington 205

JAN 3 1890

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17430

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Dec 7-89
4. *Place of Birth, (Street and Number)*	1909 E. Eager St
5. *Full Name of Mother,*	Katie. Hagner
6. *Mother's Maiden Name,*	" Wehrly
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Thos W. Hagner
9. *Father's Occupation,*	Cigar maker
10. *Father's Birthplace,*	Va
Name of Medical Attendant, or other person who makes this Return.	Mrs Mary A. Allwell
Address,	912 McDonough St
Remarks,	

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17431

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or color, (if not of the white race)*	
3. *Date of Birth,*	Dec. 7th 1889
4. *Place of Birth, (Street and Number)*	Elm Ave. Th Hampden. Balt.
5. *Full Name of Mother,*	Florence Kelley
6. *Mother's Maiden Name,*	Florence Hare
7. *Mother's Birthplace,*	Balt. Co. Md.
8. *Full Name of Father,*	James Kelley
9. *Father's Occupation,*	Plasterer
10. *Father's Birthplace,*	Balt. Co. Md.
Name of Medical Attendant, or other person who makes this Return.	Geo. T. Shower M. D.
Address,	119 - 3d Ave. Woodberry. Balt. Md.
Remarks,	The houses on Elm Ave. south of 3d Ave. are not numbered

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 17432

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* December 7 1889
4. *Place of Birth, (Street and Number)* Meeder 2010
5. *Full Name of Mother,* Mary Mark
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Germen
8. *Full Name of Father,* Nick Mark
9. *Father's Occupation,* tailor
10. *Father's Birthplace,* Germen

Name of Medical Attendant, or other person who makes this Return, Mary Kaptur

Address,

Remarks, Washington Co

register of such birth and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17433

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 7th Dec 1889
4. *Place of Birth, (Street and Number)* 432 Wilkes St
5. *Full Name of Mother,* Mary Shehan
6. *Mother's Maiden Name,* Dougherty
7. *Mother's Birthplace,* Richmond Va
8. *Full Name of Father,* Denis Shehan
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Elizabeth Bjerrell

Address, 516 Fort Ave

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

month, and shall set forth as far as the same can be ascertained by the Commissioner of ... been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply With the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17434

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &*c.*) Second

1. *Sex,* (*State whether male or female*) Female
2. *Race or color,* (*if not of the white race*)
3. *Date of Birth,* 7th December 1889
4. *Place of Birth,* (*Street and Number*) 1116 Peach Alley
5. *Full Name of Mother,* Mollie Cunningham
6. *Mother's Maiden Name,* Mollie Hamke
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Harry Thomas Cunningham
9. *Father's Occupation,* Night Watchman B & O. R R
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Catherine Münch

Address, 808 Leadenhall Street

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 17435

JAN 1 1890

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5-th

1. *Sex, (state whether male or female)* Female
2. *Race, or color, (if not of the white race)* Colored
3. *Date of Birth,* Dec. 7th 1889
4. *Place of Birth, (Street and Number)* Dorsey Lane Baltimore City
5. *Full Name of Mother,* Lydia L. Lewis
6. *Mother's Maiden Name,* L. L. Giles
7. *Mother's Birthplace,* Harford County
8. *Full Name of Father,* Robert Washington Lewis
9. *Father's Occupation,* General Laborer
10. *Father's Birthplace,* Carroll Baltimore County

Name of Medical Attendant, or other person who makes this Return, Mrs Elizabeth Wicks

Address, Carroll Po Baltimore City

Remarks,

Section 1. That on and after the first day of January, eighteen hundred and ninety, the Commissioner of Health shall furnish to each practitioner of medicine or midwifery, who may request the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

A. 17436

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	white race
3. *Date of Birth,*	Dec. 7th. 1889
4. *Place of Birth, (Street and Number)*	712 Portland St. Balto Md
5. *Full Name of Mother,*	Lydia Schmidt
6. *Mother's Maiden Name,*	Lydia Stolzenbach
7. *Mother's Birthplace,*	Frederick St. Balto Md.
8. *Full Name of Father,*	John August Schmidt
9. *Father's Occupation,*	Butcher
10. *Father's Birthplace,*	Schewsbury Penn.
Name of Medical Attendant, or other person who makes this Return,	Mrs. Liebacke
Address,	135 W. Pratt St.
Remarks,	

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17439

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (State whether male or ~~female~~)
2. Race or color, (if not of the white race)
3. Date of Birth, 7 Dec ember
4. Place of Birth, (Street and Number) 1108 Rockaway
5. Full Name of Mother, Devia Krause
6. Mother's Maiden Name, Mex
7. Mother's Birthplace, Germany
8. Full Name of Father, Jacob F Krause
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Catherine Mirsch

Address, 800 Leadenhall Street

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17438

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	
3. *Date of Birth,*	December the 8 —
4. *Place of Birth, (Street and Number)*	No 924 Sharp St
5. *Full Name of Mother,*	Anna George
6. *Mother's Maiden Name,*	Lemer
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Conrad George
9. *Father's Occupation,*	tinner
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Catherine A Miranda
Address,	800 Leadenhall St
Remarks,	

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or should no other person be in attendance upon the mother, immediately thereafter, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

JAN 1 1890

on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the birth... births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 17439

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Dec 8-89
4. *Place of Birth, (Street and Number)*	1841 E Biddle St
5. *Full Name of Mother,*	Elizabeth C. Schmidz
6. *Mother's Maiden Name,*	" " Kunz
7. *Mother's Birthplace,*	Washington D.C
8. *Full Name of Father,*	Frederick A. Schmidz
9. *Father's Occupation,*	Carpenter
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs Mary A. Allwee
Address,	912 Mc Donogh St
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex (state whether male or female),* Male

2. *Race or Color (if not of the white race),* white,

3. *Date of Birth,* December 8th,

4. *Place of Birth (Street and Number),* # 849 St Peters St,

5. *Full Name of Mother,* Barbara Ann Bowersox,

6. *Mother's Maiden Name,* Householder

7. *Mother's Birthplace,* Hagerstown, Md,

8. *Full Name of Father,* Daniel Webster Bowersox,

9. *Father's Occupation,* Laborer,

10. *Father's Birthplace,* Balto City.

Name of Medical Attendant, or other person who makes this Return. Daniel W. Bowersox

Address, N.E. Cor Columbia & Fremont Aves.

Remarks,

A 1940

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of such person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17441

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, December 8th 1889
4. Place of Birth, (Street and Number) 787 Denison
5. Full Name of Mother, Lizzie Emerson
6. Mother's Maiden Name, Lizzie Fortman
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Charles E Emerson
9. Father's Occupation, Harness maker
10. Father's Birthplace, Baltimor

Name of Medical Attendant, or other person who makes this Return, Mrs C. Seibach

Address, 735 West Pratt st

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17442

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sunday Dec-8-1889-
4. *Place of Birth, (Street and Number)* Baltimore, Md. #419 Hanover St.
5. *Full Name of Mother,* Emma Sophia Rohrmann
6. *Mother's Maiden Name,* Emma Sophia Reinhardt
7. *Mother's Birthplace,* Baltimore Md. 419 Hanover St.
8. *Full Name of Father,* Henry Rohrmann
9. *Father's Occupation,* Shoe Maker
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs Katie Münch

Address, # 800. Leadenhall St.

Remarks.

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 17423

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	
3. *Date of Birth,*	December 8th 1889
4. *Place of Birth, (Street and Number)*	No 924 Sharp St
5. *Full Name of Mother,*	Anna George
6. *Mother's Maiden Name,*	Loewer
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Conrad George
9. *Father's Occupation,*	tinner
10. *Father's Birthplace,*	Garmone
Name of Medical Attendant, or other person who makes this Return.	Catherine Münch
Address,	800 Leadenhall Street,
Remarks,	

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17444

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1 *Sex, (state whether male or female)* Female.

2. *Race or Color, (if not of the white race)*

2. *Date of Birth,* Dec 8th 1887

4. *Place of Birth, (Street and Number)* 408 Platt [illegible] alley.

5. *Full Name of Mother,* Eliza Boelye.

6. *Mother's Maiden Name,* " " Hildebrand

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* Henry Boelye.

9. *Father's Occupation,* Laborer.

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mrs Eliza Betz

Address, 1744 Bank st

Remarks,

---

a birth shall hereafter take place, shall keep a true and correct
on a blank schedule, to be furnished by the Commissioner of
births which have occurred under his or her care during the
be ascertained the full name of each child, if any shall have
occupation of its parents, the date and place of birth; and the
e practitioner in the form of a certificate between the first and
f the Commissioner of Health. In case the birth of any child
or practitioner of midwifery, or should no other person be in
ter it shall become the duty of the person or parents of such
alth, in the manner and within the period above required, and
il to comply with the provisions of this section shall be sub-
, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 1744

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (State whether male or female) Male

2. Race or color, (if not of the white race)

3. Date of Birth, Dec 8th 1889

4. Place of Birth, (Street and Number) 414 Wolf st

5. Full Name of Mother, Annie ~~Lubelen~~ Annie Mason

6. Mother's Maiden Name, " " Shulels.

7. Mother's Birthplace, City

8. Full Name of Father, John Mason.

9. Father's Occupation, Laborer

10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return. Mrs Eliza Betz

Address, 1744 Bank st

Remarks,

JAN 3 1890

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17446

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Jewish
3. *Date of Birth,* 8 Dec.
4. *Place of Birth, (Street and Number)* 740 Pennsylvania ave
5. *Full Name of Mother,* Minnie Rogers
6. *Mother's Maiden Name,* " Sadat
7. *Mother's Birthplace,* Poland
8. *Full Name of Father,* Isaac Rogers
9. *Father's Occupation,* Shoemaker
10. *Father's Birthplace,* Poland

Name of Medical Attendant, or other person who makes this Return, Mrs A Gilbert

Address, 302 Holland st

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner or midwife, or should no other person be in attendance upon the mother, immediately after the birth of the person or parents of such child to report its birth to the Commissioner of Health, within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17417

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* December 8 1889
4. *Place of Birth, (Street and Number)* Chester st 952
5. *Full Name of Mother,* Darcy Hoy
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Germen
8. *Full Name of Father,* W H Hoy
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Germen

Name of Medical Attendant, or other person who makes this Return, Mary Kupfer

Address,

Remarks, Washington 205

me on a blank schedule, to be furnished by the Commissioner of
the births which have occurred under his or her care during the
can be ascertained the full name of each child, if any shall have
ed occupation of its parents, the date and place of birth; and the
by the practitioner in the form of a certificate between the first and
ce of the Commissioner of Health. In case the birth of any child
cian or practitioner of midwifery, or, should no other person be in
ereafter it shall become the duty of the person or parents of such
f Health, in the manner and within the period above required, and
er fail to comply with the provisions of this section shall be sub-
fense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 174 48

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. *Sex, (state whether male or female)*	boy
2. *Race or Color, (if not of the white race)*	W
3. *Date of Birth,*	8 Decembr
4. *Place of Birth, (Street and Number)*	1821 Orson st.
5. *Full Name of Mother,*	Anna Maria Thass
6. *Mother's Maiden Name,*	Siegriest
7. *Mother's Birthplace,*	Ball alsp
8. *Full Name of Father,*	Franz L. Thaas
9. *Father's Occupation,*	Carpenter
10. *Father's Birthplace,*	Americach Baiern
Name of Medical Attendant, or other person who makes this Return.	Anna Walker
Address,	928 Cent. Ave.
Remarks,	

JAN 3 1850

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 1000

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9.
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	December 9. / 889.
4. *Place of Birth, (Street and Number)*	#927 Somerset St.
5. *Full Name of Mother,*	K. Thalheimer
6. *Mother's Maiden Name,*	K Gang.
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	J. Thalheimer
9. *Father's Occupation,*	Carpenter
10. *Father's Birthplace,*	Germany.
Name of Medical Attendant, or other person who makes this Return.	M A Budd.
Address,	245 E. Monument St. cor. Central Ave.
Remarks,	All Well.

om a blank schedule, to be furnished by the Commissioner of
births which have occurred under his or her care during the
be ascertained the full name of each child, if any shall have
ccupation of its parents, the date and place of birth; and the
e practitioner in the form of a certificate between the first and
f the Commissioner of Health. In case the birth of any child
or practitioner of midwifery, or should no other person be in
after it shall become the duty of the person or parents of such
alth, in the manner and within the period above required, and
il to comply with the provisions of this section shall be sub-
, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17450

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Dec 9th 1889
4. *Place of Birth, (Street and Number)* 512 Broadway
5. *Full Name of Mother,* Annie Singewald
6. *Mother's Maiden Name,* " " Welling
7. *Mother's Birthplace,* City
8. *Full Name of Father,* Conrad Singewald
9. *Father's Occupation,* Hat Store.
10. *Father's Birthplace,* City.

Name of Medical Attendant, or other person who makes this Return. Mrs Eliza Baly

Address,

Remarks,

---

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17451

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* boy
2. *Race or Color, (if not of the white race)* W
3. *Date of Birth,* 9 December
4. *Place of Birth, (Street and Number)* 546 Caroline St.
5. *Full Name of Mother,* Anna Bitter
6. *Mother's Maiden Name,* = Thirsch
7. *Mother's Birthplace,* Grossvalsladt Baiern
8. *Full Name of Father,* Georges Bitter
9. *Father's Occupation,* =
10. *Father's Birthplace,* Baiern

Name of Medical Attendant, or other person who makes this Return, Anna Walker

Address, 928 Central Avenue

Remarks,

JAN 3 1890

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician, or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

JAN 1 1890

A 17452

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)* C
3. *Date of Birth,* 9 December.
4. *Place of Birth, (Street and Number)* 1609 Hermanns Aley
5. *Full Name of Mother,* Magdalena Salm
6. *Mother's Maiden Name,* Spanial
7. *Mother's Birthplace,* Germanny
8. *Full Name of Father,* John Salm
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Germanny

Name of Medical Attendant, or other person who makes this Return. Catherena Hauch

Address, 800 Seadenhall St.

Remarks,

Health. This schedule shall contain a list of the birth... month, and shall set forth as far as the same can be as... been conferred) its sex, color, the full name and occupa... said schedule shall be delivered, duly signed by the pra... third day of each and every month to the office of the ... of the Commissioner of Health. In case the birth of any child ... shall occur without the attendance of a physician or p... or practitioner of midwifery, or should no other person be in ... attendance upon the mother, immediately thereafter it ... after it shall become the duty of the nurse or parents of such ... child to report its birth to the Commissioner of Health, in the manner and within the period above required, and ... any such person or persons who shall hereafter fail to ... fail to comply with the provisions of this section shall be sub... jected to the fine of ten (10) dollars for each offense, to b... to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17453

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. Sex, (state whether male or ~~female~~)	
2. Race or Color, (if not of the white race)	
3. Date of Birth,	December 9 89.
4. Place of Birth, (Street and Number)	1600 Patapsco St.
5. Full Name of Mother,	Johanna Kühler
6. Mother's Maiden Name,	Johanna Schultz
7. Mother's Birthplace,	Germene
8. Full Name of Father,	Wilhelm Kühler
9. Father's Occupation,	Lithographer
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	Catherine Münch
Address,	800 Seadenhall Street
Remarks,	

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 17404

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th.
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	December 10 1889
4. *Place of Birth, (Street and Number)*	2536 Lancaster St.
5. *Full Name of Mother,*	Margaret Groulin
6. *Mother's Maiden Name,*	Margaret Dunkeart
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	George Groulin
9. *Father's Occupation,*	Engineer
10. *Father's Birthplace,*	Italy.
Name of Medical Attendant, or other person who makes this Return.	Mary L. Sawayne
Address,	728 Luzerne St.
Remarks,	

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17455

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex (state whether male or female),* Female,
2. *Race or Color (if not of the white race),* White,
3. *Date of Birth,* December 10th
4. *Place of Birth (Street and Number),* #559 Dolphin St.
5. *Full Name of Mother,* Elizbeth Carrie Reese
6. *Mother's Maiden Name,* Jackson
7. *Mother's Birthplace,* Baltimore City.
8. *Full Name of Father,* George Reese
9. *Father's Occupation,* Can-maker.
10. *Father's Birthplace,* Balto City

Name of Medical Attendant, or other person who makes this Return. Wm. H. Aberdeen, M.D.

Address, N.E. Cor. Columbia & Fremont Aves

Remarks,

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

GIVEN NAME ADDED, 3-1-55

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Anna Goldenberg

A. 17456

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* December 10. 1887.
4. *Place of Birth, (Street and Number)* 1129 Mc. Elderry Str.
5. *Full Name of Mother,* Yette Goldenberg
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* Philip Goldenberg
9. *Father's Occupation,*
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return. Mrs Rachel Bernstein

Address, 122 S. Exeter Str.

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.)	A 17457 10 ½
1. *Sex*, (*state whether male or female*)	female
2. *Race or Color*, (*if not of the white race*)	White
3. *Date of Birth*,	December 10 ½
4. *Place of Birth*, (*Street and Number*)	14 Browns Lane
5. *Full Name of Mother*,	Wilhelmina Bibler
6. *Mother's Maiden Name*,	Wilhelmina Zeller
7. *Mother's Birthplace*,	Wurttemberg
8. *Full Name of Father*,	Georg Bibler
9. *Father's Occupation*,	Bäcker
10. *Father's Birthplace*,	Wurtemberg
Name of Medical Attendant, or other person who makes this Return.	Friederike Keuler midwife
Address,	2116 West Pratt St.
Remarks,	

n a blank schedule, to be furnished by the Commissioner of births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17458

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* ~~First~~ Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec. 10
4. *Place of Birth, (Street and Number)* 205 Scott St
5. *Full Name of Mother,* ~~Mary E. Emerson~~ Mary E. Emerson
6. *Mother's Maiden Name,* Mary E. Bowers
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Isaiah Emerson
9. *Father's Occupation,* Carr. Maker
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, ~~Mrs. Seibert~~ Mrs C Seebach

Address, Pratt and Fremont, 733 W. Pratt St

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 17459

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* Dec 10 — 1899

4. *Place of Birth, (Street and Number)* 639 S. Patterson Park Ave.

5. *Full Name of Mother,* Barbara Seidler

6. *Mother's Maiden Name,* Zink

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Henry Seidler

9. *Father's Occupation,* Floor Reaper

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mary Stein

Address, 1427 E Fait St.

Remarks,

Note. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A17460

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	December 11th
4. *Place of Birth, (Street and Number)*	1101 Ridgley st
5. *Full Name of Mother,*	Anne Heter
6. *Mother's Maiden Name,*	Anne Ochse
7. *Mother's Birthplace,*	Baltimore City
8. *Full Name of Father,*	George L Heter
9. *Father's Occupation,*	House Carpenter
10. *Father's Birthplace,*	Baltimore City
Name of Medical Attendant, or other person who makes this Return.	Mrs Bange
Address,	711 Cross St
Remarks,	

on a blank schedule, to be furnished by the Commissioner of
births which have occurred under his or her care during the
be ascertained the full name of each child, if any shall have
cupation of its parents, the date and place of birth; and the
practitioner in the form of a certificate between the first and
the Commissioner of Health. In case the birth of any child
or practitioner of midwifery, or should no other person be in
ter it shall become the duty of the person or parents of such
lth, in the manner and within the period above required, and
il to comply with the provisions of this section shall be sub-
to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

on a blank schedule to be furnished by the Commissioner of
births which have occurred under his or her care during the
be ascertained the full name of each child, if any shall have
cupation of its parents, the date and place of birth; and the
practitioner in the form of a certificate between the first and
the Commissioner of Health. In case the birth of any child
or practitioner of midwifery, or should no other person be in
er it shall become the duty of the person or parents of such
alth, in the manner and within the period above required, and
il to comply with the provisions of this section shall be sub-
, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17461

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Dec 11 89
4. *Place of Birth, (Street and Number)* 216 Fairmount Ave
5. *Full Name of Mother,* Mary A. Mister
6. *Mother's Maiden Name,* " " Kitchens
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Wm J. Mister
9. *Father's Occupation,* Musician
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return. Mrs Mary A. Allwell

Address, 726 Douglas St

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 17462

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 11 December
4. *Place of Birth, (Street and Number)* 910 Sterling st.
5. *Full Name of Mother,* Margaretha Grantz
6. *Mother's Maiden Name,* = Chirmer
7. *Mother's Birthplace,* Thirschfeld Baiern
8. *Full Name of Father,* Benedict Grantz
9. *Father's Occupation,* carpenter
10. *Father's Birthplace,* Elchingen Wurtemberg

Name of Medical Attendant, or other person who makes this Return. Anna Walter

Address, 928 Cent. Av.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17463

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d "
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	Dec: 11th "
4. *Place of Birth, (Street and Number)*	1134 N Lexington St "
5. *Full Name of Mother,*	Mary Cohen
6. *Mother's Maiden Name,*	Mary Littaur
7. *Mother's Birthplace,*	N. Carolina
8. *Full Name of Father,*	Saml L. Cohen,
9. *Father's Occupation,*	Merchant
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	H. Hermes
Address,	1100 Cathedral St "
Remarks,	

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d A. 17414

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 11th Dec 1889
4. *Place of Birth, (Street and Number)* 321 Warren Ave
5. *Full Name of Mother,* Florence Winchester
6. *Mother's Maiden Name,* Hohsman
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles Winchester
9. *Father's Occupation,* Engineer
10. *Father's Birthplace,* Warren Pa

Name of Medical Attendant, or other person who makes this Return. Elizabeth Gemmell

Address, 516 East Ave

Remarks,

Register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17465

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* December 11th 1880
4. *Place of Birth, (Street and Number)* 1264 Washington ave
5. *Full Name of Mother,* Lizzie Z Vogel
6. *Mother's Maiden Name,* Lizzie Heider
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Charles Albert Vogel
9. *Father's Occupation,* Buissnes on Wharf
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs C. Seebach

Address, No 735 W Pratt st.

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17466

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* girl
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 12 Decembe
4. *Place of Birth, (Street and Number)* 1105 Eager St.
5. *Full Name of Mother,* Maria Chandelle
6. *Mother's Maiden Name,* = Gassinger
7. *Mother's Birthplace,* Balt. City
8. *Full Name of Father,* August Gassinger
9. *Father's Occupation,* Turner
10. *Father's Birthplace,* Hanover Westphalen

Name of Medical Attendant, or other person who makes this Return. Anna Walter

Address, 928 Cent. Ave.

Remarks,

Health. This schedule shall contain a list of the birth... month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner to the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of ... or shall no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17467

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth,* Bord 12 Dec
4. *Place of Birth, (Street and Number)* [redacted] Alley 505 Baltimo
5. *Full Name of Mother,* ambell Knighton
6. *Mother's Maiden Name,* ambell Smorther
7. *Mother's Birthplace,* East Maryland
8. *Full Name of Father,* James T Knighton
9. *Father's Occupation,* Sail on Vessel
10. *Father's Birthplace,* East Maryland

Name of Medical Attendant, or other person who makes this Return.

Address, Marght H gray

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the third day of each and every month to the office of shall occur without the attendance of a physician or attendance upon the mother, immediately thereafter child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense. To be recovered as other fines and forfeitures are recoverable.

JAN 1 1890

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 17468

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	December 12 1869
4. *Place of Birth, (Street and Number)*	121 Castle St.
5. *Full Name of Mother,*	Mary Harlbach
6. *Mother's Maiden Name,*	Mary Smith
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	John Harlbach
9. *Father's Occupation,*	Tailor
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return.	Mary L Swayne
Address,	726 Lyeria St.
Remarks,	

on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the birth... births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the ... practitioner in the form of a certificate between the first and said ... shall be delivered, duly signed by the practitioner, on the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17469.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* December 12th 1889
4. *Place of Birth, (Street and Number)* No 811 Cross st
5. *Full Name of Mother,* Katie Francisco Knapp
6. *Mother's Maiden Name,* " " Easter
7. *Mother's Birthplace,* Scott and Mc Henry sts Balto city
8. *Full Name of Father,* Benjamin Franklin Knapp
9. *Father's Occupation,* Fireman
10. *Father's Birthplace,* Columbia Ave Balto City

Name of Medical Attendant, or other person who makes this Return. Mrs Bangs

Address, 711 Cross St

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

A. 1747

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) [redacted] 1st

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* 12th Dec 1889

4. *Place of Birth, (Street and Number)* 708 Webster St

5. *Full Name of Mother,* Mary Land

6. *Mother's Maiden Name,* Wootens

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Williams Land

9. *Father's Occupation,* Laborer

10. *Father's Birthplace,* Baltimore Co

Name of Medical Attendant, or other person who makes this Return. Elizabeth Gerwell

Address, 516 Front Ave

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 17411

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th.

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Dec 12th 1889

4. *Place of Birth, (Street and Number)* 1488 W. Ramsay st

5. *Full Name of Mother,* Susan Stines

6. *Mother's Maiden Name,* Susan Hearbert

7. *Mother's Birthplace,* Balto Co

8. *Full Name of Father,* Benj. T. Stines

9. *Father's Occupation,* (Machinist)

10. *Father's Birthplace,* Balto City

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, 237 S. Pulaski st

Remarks, Healthy child (Estella)

GEO. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 1792

No. of Child of Mother, (state whether 1st, 2d, [redacted], &c.)

1. Sex, (state whether male or [redacted])

2. Race or Color, (if not of the white race)

3. Date of Birth, 12 December

4. Place of Birth, (Street and Number) Sec st No 17

5. Full Name of Mother, Mary Artmn

6. Mother's Maiden Name, Mary Struckman

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William Gerhart Artman

9. Father's Occupation, Shoe Fitter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Catherine Murphy

Address, 800 Leadenhall St

Remarks,

on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Richard Thomas O'Neill

A. 1747 3

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* December 12th 1889
4. *Place of Birth, (Street and Number)*
5. *Full Name of Mother,* Kate (O'neal) O'Neill
6. *Mother's Maiden Name,* Kate Connelly
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Richard (O'neal) O'Neill
9. *Father's Occupation,* Porter in a Store
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return. Catharine Mitchell

Address, No 848 west Pratt Street Baltimore

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

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That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

A. 17474

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Dec 13 1889
4. *Place of Birth, (Street and Number)* 838 N. Eutaw St.
5. *Full Name of Mother* Ida
6. *Mother's Maiden Name* ——
7. *Mother's Birthplace* Md
8. *Full Name of Father* Thos. E. Dreland
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Md

Name of Medical Attendant, or other Person who makes this Return. C. A. Pilly

Address 1113 Mad. Ave

Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17 2 25

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) fifth

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 13th December
4. *Place of Birth, (Street and Number)* 1622 Patapsico St
5. *Full Name of Mother,* Miss Annie Mary Grisp
6. *Mother's Maiden Name,* Miss Annie Mary Turau
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Charles Grisp
9. *Father's Occupation,* freight handler
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs Bauer

Address, 711 Cross St

Remarks,

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GIVEN NAME ADDED 3-9-60

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Anna M. Ludwig A. 17476

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 Ln
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	1889 - December 13th
4. *Place of Birth, (Street and Number)*	2019 Frederick Road
5. *Full Name of Mother,*	Mathilde Ludwig
6. *Mother's Maiden Name,*	Mathilde Brenier
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Julius Ludwig
9. *Father's Occupation,*	Opalterer
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Friederike Feuer midwife
Address,	2116 West Pratt St
Remarks,	

on a blank schedule, to be furnished by the Commissioner of
births which have occurred under his or her care during the
be ascertained the full name of each child, if any shall have
occupation of its parents, the date and place of birth; and the
e practitioner in the form of a certificate between the first and
f the Commissioner of Health. In case the birth of any child
or practitioner of midwifery, or should no other person be in
ter, it shall become the duty of the person or parents of such
alth, in the manner and within the period above required, and
il to comply with the provisions of this section shall be sub-
, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th.
1. Sex (state whether male or female),	Female A 17479
2. Race or Color (if not of the white race),	White.
3. Date of Birth,	13th of December
4. Place of Birth (Street and Number),	Preston St. Warren, Paint.
5. Full Name of Mother,	Mollie E. Dennis.
6. Mother's Maiden Name,	Mollie E. Lander.
7. Mother's Birthplace,	Baltimore Md.
8. Full Name of Father,	Sebastian Dennis.
9. Father's Occupation,	Laborer.
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Francis E. Price.
Address,	
Remarks,	

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the city of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Barbara Sonner

A. 17478

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Jewish
3. *Date of Birth,* 13 Dec. 1889
4. *Place of Birth, (Street and Number)* 717 N. Gay St
5. *Full Name of Mother,* Lena ~~(Simon)~~ Sonner
6. *Mother's Maiden Name,* " Kellner
7. *Mother's Birthplace,* Poland
8. *Full Name of Father,* Morris ~~(Simon)~~ Sonner
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Poland

Name of Medical Attendant, or other person who makes this Return, Max R. Albert

Address, 309 Holland St

Remarks, CERTIFICATE CORRECTED 6-9-53

register of such birth and shall enter the same on a blank ... furnished ... births which ... have occurred under his or ... Health. This schedule shall contain a list of the birth ... be ascertained the ... month, and shall set forth as far as the same can be as ... been conferred) its sex, color, the full name and occupa ... said schedule shall be delivered, duly signed by the prac ... third day of each and every month to the office of the ... shall occur without the attendance of a physician or pr ... attendance upon the mother, immediately thereafter it ... child to report its birth to the Commissioner of Health, ... any such person or persons who shall hereafter fail to ... jected to the fine of ten ($10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

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a blank schedule, to be furnished by the Commissioner of
births which have occurred under his or her care during the
ascertained the full name of each child, if any shall have
upation of its parents, the date and place of birth; and the
practitioner in the form of a certificate between the first and
the Commissioner of Health. In case the birth of any child
r practitioner of midwifery, or should no other person be in
r it shall become the duty of the person or parents of such
th, in the manner and within the period above required, and
to comply with the provisions of this section shall be sub-
o be recovered as other fines and forfeitures are recoverable.

JAN 3 1890

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17479

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* December th 14
4. *Place of Birth, (Street and Number)* 1428 Garrett Ave Locust Point
5. *Full Name of Mother,* Helene Bachmaier
6. *Mother's Maiden Name,* Helene Hauch
7. *Mother's Birthplace,* Saxen Germany
8. *Full Name of Father,* Max Bachmaier
9. *Father's Occupation,* Labourer
10. *Father's Birthplace,* Baiern Germany

Name of Medical Attendant, or other person who makes this Return. Lina Lang Midwife

Address, 1400 Andre Near Locust Point

Remarks,

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RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17480

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex, (state whether male or female)*	boy
2. *Race or Color, (if not of the white race)*	W
3. *Date of Birth,*	14 December
4. *Place of Birth, (Street and Number)*	1825 Anthony St.
5. *Full Name of Mother,*	Marie Litch
6. *Mother's Maiden Name,*	Carvill
7. *Mother's Birthplace,*	Balt. city
8. *Full Name of Father,*	Benjamin Litch
9. *Father's Occupation,*	painter
10. *Father's Birthplace,*	Balt. city
Name of Medical Attendant, or other person who makes this Return,	Anna Walker
Address,	928 Central ave.
Remarks,	

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

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advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A. 17481

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	W
3. *Date of Birth,*	Dec. 14th 1889
4. *Place of Birth, (Street and Number)*	1003 E. Madison St.
5. *Full Name of Mother,*	Bertha Kerr
6. *Mother's Maiden Name,*	Schmidt
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	Thos. Kerr
9. *Father's Occupation,*	Machinist
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other Person who makes this Return	W. S. Reynolds M.D.
Address,	2004 St. Paul St.
Remarks,	

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RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17482

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	15th December
4. *Place of Birth, (Street and Number)*	Baltimore. 215 Hughes st
5. *Full Name of Mother,*	Maggie Cornell
6. *Mother's Maiden Name,*	Maggie Kemmeter
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Arthes Cornell
9. *Father's Occupation,*	Glass Blower
10. *Father's Birthplace,*	France
Name of Medical Attendant, or other person who makes this Return,	Catherine Mundy
Address,	800 Saddenhall St.
Remarks,	

DEC 21 1898

...om a blank schedule, to be furnished by the Commissioner of ... births which have occurred under his or her care during the ... he ascertained the full name of each child, (if any shall have ... occupation of its parents, the date and place of birth, and the ... e practitioner in the form of a certificate between the first and ... f the Commissioner of Health. In case the birth of any child ... er, it shall become the duty of the person or parents of such ... alth, in the manner and within the period above required, and ... il to comply with the provisions of this section shall be sub... to be recovered as other fines and forfeitures are recoverable.

...register of such birth, and shall enter the same on a ... Health. This schedule shall contain a list of the births ... month, and shall set forth as far as the same can be ascer... been conferred) its sex, color, the full name and occupation ... said schedule shall be delivered, duly signed by the practi... third day of each and every month to the office of the C... shall occur without the attendance of a physician or pr... attendance upon the mother, immediately thereafter it ... child to report its birth to the Commissioner of Health, ... any such person or persons who shall hereafter fail to c... jected to the fine of ten (10) dollars for each offense, to be

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RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17483

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex, (state whether male or female)*	Male
2. *Race or color, (if not of the white race)*	
3. *Date of Birth,*	Dec. 15th 1889
4. *Place of Birth, (Street and Number)*	236 Carroll St. Woodberry. Balt.
5. *Full Name of Mother,*	Sarah Lottie Steffey
6. *Mother's Maiden Name,*	Sarah Lottie Towell
7. *Mother's Birthplace,*	Balt. Co. Md.
8. *Full Name of Father,*	Bishop B Steffey
9. *Father's Occupation,*	Spinner in Cotton Factory
10. *Father's Birthplace,*	Carroll Co. Md.
Name of Medical Attendant, or other person who makes this Return.	Geo. T. Bowers M.D.
Address,	119 - 3d Ave. Woodberry. Balt. Md.
Remarks,	

JAN 3 1900

Every physician or midwife in attendance upon a birth shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 17484

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Dec. 15. 1889.
4. *Place of Birth, (Street and Number)*	# 1109 Thurston St.
5. *Full Name of Mother,*	E. Pipkuow
6. *Mother's Maiden Name,*	E. Stout.
7. *Mother's Birthplace,*	Baltimore.
8. *Full Name of Father,*	E. Pipkuow
9. *Father's Occupation,*	Brass - finisher
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	M. A. Bird.
Address,	# 1245 E. Monument St. cor. Central Ave.
Remarks,	All Well.

Register of such Births, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17485

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	December 15-89
4. Place of Birth (Street and Number),	#28 Williamson St.
5. Full Name of Mother,	Sophia Reinhart
6. Mother's Maiden Name,	Sophia Nagel
7. Mother's Birthplace,	Baltimore City
8. Full Name of Father,	George W. Reinhart
9. Father's Occupation,	Saloon
10. Father's Birthplace,	Pennsylvania
Name of Medical Attendant, or other person who makes this Return.	Charles W. Pfeffer M.D.
Address,	#48 E. Montgomery St.
Remarks,	

more under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17458

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Dec 16 1889
4. *Place of Birth, (Street and Number)* 1300 Gough St.
5. *Full Name of Mother,* Mary E. Greely
6. *Mother's Maiden Name,* Cherry
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Joseph Greely
9. *Father's Occupation,* Painter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mary Steiss

Address, 1927 E Oliver St.

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17487

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Dec 16 1889
4. *Place of Birth, (Street and Number)* 1507 Bank St.
5. *Full Name of Mother,* Mary Faulkner
6. *Mother's Maiden Name,* Werner
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Joseph Faulkner
9. *Father's Occupation,* Wagon Driver
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mary A Tein

Address, 1427 E Oak St.

Remarks,

DEC 22 1889

Register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 17488

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 16
4. *Place of Birth, (Street and Number)* 812 plum alley
5. *Full Name of Mother,* Mary Lashill
6. *Mother's Maiden Name,* Mary Lashill
7. *Mother's Birthplace,* Elpar
8. *Full Name of Father,* I Washing
9. *Father's Occupation,* Sailar
10. *Father's Birthplace,* York town virginia

Name of Medical Attendant, or other person who makes this Return. Mary Walker

Address, 198 York St

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 17489

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec. 16th 1897
4. *Place of Birth, (Street and Number)* city limits Spielman
5. *Full Name of Mother,* Alberta Ball
6. *Mother's Maiden Name,* Barbara
7. *Mother's Birthplace,* Balto city
8. *Full Name of Father,* Henry Clay Ball
9. *Father's Occupation,* Boat keeper at Bladensburg Md.
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. (M.D.) Lennard

Address, 339 S. Wesphalia Ave

Remarks, healthy child (not named)

birth shall hereafter take place shall keep a true and correct
register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of
Health. This schedule shall contain a list of the births which have occurred under his or her care during the
month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have
been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the
said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) 5

1. *Sex,* (*state whether male or female*) Male

2. *Race or Color,* (*if not of the white race*) Color A. 1740

3. *Date of Birth* Dec. 16 1899

4. *Place of Birth,* (*Street and Number*) 1046 Carrol street

5. *Full Name of Mother,* Harriett Stanber

6. *Mother's Maiden Name,* Harriett Murphy

7. *Mother's Birthplace,* City of Baltimore

8. *Full Name of Father,* Isaac Murphy

9. *Father's Occupation,* Brick yard

10. *Father's Birthplace,* City of Baltimore

Name of Medical Attendant, or other Person who makes this Return. Emily Stughes

Address, 131 Wilcom alley

Remarks, No Remarks

and shall enter the same on a Blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been named), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

JAN 1 1890

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Female A. M. 491
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* December. 16th 89
4. *Place of Birth, (Street and Number)* Balto. City. No. 2. East. Hillsd
5. *Full Name of Mother,* Mary Theresa. McKew
6. *Mother's Maiden Name,* Mary. Theresa. Lavender
7. *Mother's Birthplace,* Baltimore. Md
8. *Full Name of Father,* Michael. McKew
9. *Father's Occupation,* Police. officer
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return. Mrs. Minch

Address, 800 Leadenhall St.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 17492

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Given Name- Grace May

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 17th Dec 1889
4. *Place of Birth, (Street and Number)* 1241 Riverside Ave
5. *Full Name of Mother,* Elizabeth Chrispins
6. *Mother's Maiden Name,* Reily
7. *Mother's Birthplace,* Parkersburg Va
8. *Full Name of Father,* William Chrispins
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Elizabeth Gerwell

Address, 516 Fort Ave

Remarks, GIVEN NAME ADDED 2-18-54

L. M.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 17493

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (State whether male or female)* Female.
2. *Race or color, (if not of the white race)*
3. *Date of Birth,* Dec 11th 1889
4. *Place of Birth, (Street and Number)* 15 S Amer st
5. *Full Name of Mother,* Sofa. Schoeley.
6. *Mother's Maiden Name,* " " Sullivan.
7. *Mother's Birthplace,* City
8. *Full Name of Father,* William Schoeley.
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* City

Name of Medical Attendant, or other person who makes this Return. Mrs Elizabeth Daly

Address, 1214 Bank st

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17494

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* ~~349 For~~ 17 Dec
4. *Place of Birth, (Street and Number)* 349 Forrest St
5. *Full Name of Mother,* Mary Livingston
6. *Mother's Maiden Name,* " Bohlman
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Harry Livingston
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs R. Ellig

Address, 302 Holland

Remarks,

register of such birth, and shall enter the same on ... Health. This schedule shall contain a list of the birth... month, and shall set forth as far as the same can be ascertained [illegible] been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioners of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17495

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 17 Dec
4. *Place of Birth, (Street and Number)* 912 N. Bond St
5. *Full Name of Mother,* Philopena Goltzann
6. *Mother's Maiden Name,* " Conrad
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* Joseph Goltzann
9. *Father's Occupation,* Shoemaker
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return, Wm R Ellis

Address, 1302 Hollands

Remarks,

register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the name of child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 17496

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 17 Dec.
4. *Place of Birth, (Street and Number)* 201 Chestnut St
5. *Full Name of Mother,* Rose A. Hepburn
6. *Mother's Maiden Name,* Wayne
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* John M. Hepburn
9. *Father's Occupation,* Lumber inspector
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return. Mrs P. Ulrich

Address, 1302 Hollins St

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

JAN 3 1896

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name, Sylvanus R. Weaver

A. 1749

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, 17 December

4. Place of Birth, (Street and Number) 1709 Light St

5. Full Name of Mother, Minnie Weaver

6. Mother's Maiden Name, Leible

7. Mother's Birthplace, Baltimor City

8. Full Name of Father, William C Weaver

9. Father's Occupation, Butcher

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Cathrena Wunch

Address, 800 Leadenhall St

Remarks,

JAN 1 1900 BALTIMORE MD. REGISTRAR'S DEPARTMENT

on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 17498

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) female

2. Race or color, (if not of the white race) Colored

3. Date of Birth, December the 16 1889

4. Place of Birth, (Street and Number) 4 fulton Baltimore city

5. Full Name of Mother, Emma E Wilson

6. Mother's Maiden Name, E E Watts

7. Mother's Birthplace, Calvert county Md

8. Full Name of Father, Thomas F Wilson

9. Father's Occupation, oysster

10. Father's Birthplace, Eastern Shore

Name of Medical Attendant, or other person who makes this Return. Mrs Elizabeth Hicks

Address, Baltimore City Carroll & Postoffice

Remarks,

1890 NOV

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and penalties are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

A 17499

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
1. Sex (state whether male or female)	Female
2. Race or Color, (if not of the white race)	Colored
3. Date of Birth	Dec 18th
4. Place of Birth, (Street and Number)	Balto 1707 Orleans street
5. Full Name of Mother	Dellaphine Blackwell
6. Mother's Maiden Name	Dellaphine Henry
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Uriah Blackwell
9. Father's Occupation	Oyster shucker
10. Father's Birthplace	Northumlgn, Counties. Virginia or Britian
Name of Medical Attendant, or other Person who makes this Return.	Karet [redacted]
Address	523 N. Dallas street
Remarks	

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 17500

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Children

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 18
4. Place of Birth, (Street and Number) light St 1006
5. Full Name of Mother, Maggie A Miller
6. Mother's Maiden Name, Maggie A Hubbard
7. Mother's Birthplace, Baltimore city
8. Full Name of Father, John W Miller
9. Father's Occupation, Car Driver
10. Father's Birthplace, York P A

Name of Medical Attendant, or other person who makes this Return, Catherine Munch

Address, 800 Seadenhall St.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 1501

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* Negro

3. *Date of Birth,* Dec 18 1889

4. *Place of Birth, (Street and Number)* 102 S. Caroline St.

5. *Full Name of Mother,* Emma P. Green

6. *Mother's Maiden Name,* LaMimer

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Geo. W. Green

9. *Father's Occupation,* Ship Corker

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mary Stein

Address, 1427 E. Pratt St.

Remarks,

Upon a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* December 18th 1889 11 45 AM
4. *Place of Birth, (Street and Number)* Waterside
5. *Full Name of Mother,* Christiana Lear
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Henry Lear
9. *Father's Occupation,* Blacksmith
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return. William J. Todd M.D. Res Phy Waterside

Address,

Remarks, Weight 7 9/16

A 17507

register of such birth and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17503

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Jewish
3. *Date of Birth,* 185 Harrison St 18 Dec.
4. *Place of Birth, (Street and Number)*
5. *Full Name of Mother,* Ida Johsept
6. *Mother's Maiden Name,* Russell
7. *Mother's Birthplace,* Poland
8. *Full Name of Father,* Isaac Johsept
9. *Father's Occupation,* shoe maker
10. *Father's Birthplace,* Poland

Name of Medical Attendant, or other person who makes this Return. Mrs R Ullrich

Address, 1502 Haldon St

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third A. 17504
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	Dec 19th 1889
4. *Place of Birth, (Street and Number)*	1739 N. Wheeler St
5. *Full Name of Mother,*	Wilhelmina Stilbinger
6. *Mother's Maiden Name,*	Vogelsang
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Georges Stilbinger
9. *Father's Occupation,*	Brush
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	H. H. Goldner M. D.
Address,	1501 E. Eager St
Remarks,	

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17505

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* December 19 1887
4. *Place of Birth, (Street and Number)* Marcel alley 410
5. *Full Name of Mother,* Mary Evah
6. *Mother's Maiden Name,* Klíman
7. *Mother's Birthplace,* Bohemian
8. *Full Name of Father,* Franz Klíman
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other person who makes this Return. Wooten 205

Address,

Remarks, Mary Klíman

JAN 3 1888

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17506

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	white race
3. *Date of Birth,*	December the 19th
4. *Place of Birth, (Street and Number)*	Baltimore wall St 1224
5. *Full Name of Mother,*	Hate Smith
6. *Mother's Maiden Name,*	Brannan
7. *Mother's Birthplace,*	Maryland
8. *Full Name of Father,*	darsel smith
9. *Father's Occupation,*	painter
10. *Father's Birthplace,*	virginna
Name of Medical Attendant, or other person who makes this Return.	Elizabeth Heathorn
Address,	1514 light St
Remarks,	

a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17507

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* December 19th 1889
4. *Place of Birth, (Street and Number)* No: 203 Millington ave.
5. *Full Name of Mother,* Mary Wamenwoteh
6. *Mother's Maiden Name,* Mary Leffler
7. *Mother's Birthplace,* Baltimore Co:
8. *Full Name of Father,* Jefferson Wamenwoteh.
9. *Father's Occupation,* Butcher
10. *Father's Birthplace,* Baltimore Co:

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17508

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, 19th Deamber

4. Place of Birth, (Street and Number) 718 Ostend Stat

5. Full Name of Mother, Katie Lynberg

6. Mother's Maiden Name, Kate Wiegand

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Charles Linberg

9. Father's Occupation, Driver

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Catherine Albrecht

Address, 800 Leadenhall St

Remarks,

DEPARTMENT JAN 1 1880

a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parent or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17509

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	American White
3. *Date of Birth,*	Dec 20
4. *Place of Birth, (Street and Number)*	Leadenhall st 1036
5. *Full Name of Mother,*	Erestine H Dawson
6. *Mother's Maiden Name,*	Dennie
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Wm G Dawson
9. *Father's Occupation,*	Horse Collar Maker
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs Shinick
Address,	800 Leadenhall St.
Remarks,	it is a Dandy. and dont you forget it Yours be Gin

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

CERTIFICATE CORRECTED 1-2-52

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Charlotte Agnes O'Connor

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th.

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Dec. 20th 1889

4. *Place of Birth, (Street and Number)* 213 S. Broadway

5. *Full Name of Mother,* Maggie (Eleanor) O'Connor

6. *Mother's Maiden Name,* " Gripp

7. *Mother's Birthplace,* Balto City

8. *Full Name of Father,* Daniel (Edward) O'Connor

9. *Father's Occupation,* Helper at Mt Clair

10. *Father's Birthplace,* Balto City

Name of Medical Attendant, or other person who makes this Return. M. J. Lenahan

Address, 339 S. Broadway

Remarks, Healthy child Schanlaub.

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

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shall hereafter take place, shall keep a true and correct
register of such births, and shall enter the same on a blank schedule, to be furnished by the Commissioner of
Health. This schedule shall contain a list of the births which have occurred under his or her care during the
month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have
been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the
said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17511

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* December 20th 1884
4. *Place of Birth, (Street and Number)* No. 1 Marriott St.
5. *Full Name of Mother,* Mary Margaret.
6. *Mother's Maiden Name,* Mary Maloney
7. *Mother's Birthplace,* Baltimore Co.
8. *Full Name of Father,* William Margaret,
9. *Father's Occupation,* Butcher
10. *Father's Birthplace,* Germany,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

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RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	the seventh child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	20th of December A. 11 1890
4. *Place of Birth, (Street and Number)*	No 16 West Montgomery St
5. *Full Name of Mother,*	Mrs Annie G Meyer
6. *Mother's Maiden Name,*	Annie G Meller
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	George C Meyer
9. *Father's Occupation,*	Blacksmith
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Catherine Mench
Address,	800 Leadenhall St.
Remarks,	

on a blank schedule, to be furnished by the Commissioner of
births which have occurred under his or her care during the
be ascertained the full name of each child, if any shall have
ccupation of its parents, the date and place of birth; and the
e practitioner in the form of a certificate between the first and
f the Commissioner of Health. In case the birth of any child
or practitioner of midwifery, or should no other person be in
fter it shall become the duty of the person or parents of such
alth, in the manner and within the period above required, and
il to comply with the provisions of this section shall be sub-
, to be recovered as other fines and forfeitures are recoverable.
register of such birth, and shall enter the same on a
Health. This schedule shall contain a list of the birth
month, and shall set forth as far as the same can be as
been conferred) its sex, color, the full name and occupa
said schedule shall be delivered, duly signed by the prac
third day of each and every month to the office of the C
shall occur without the attendance of a physician or pr
attendance upon the mother, immediately thereafter it
child to report its birth to the Commissioner of Health,
any such person or persons who shall hereafter fail to c
ject ed to the fine of ten (10) dollars for each offense, to be

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 1751

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Dec 20th 1887
4. *Place of Birth, (Street and Number)*	1621 S Charles st.
5. *Full Name of Mother,*	Emma J Stevenson
6. *Mother's Maiden Name,*	Emma J Simmons
7. *Mother's Birthplace,*	St Marys Co Md
8. *Full Name of Father,*	Edwin D Stevenson
9. *Father's Occupation,*	Sailmaker
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs M A Coltrell
Address,	606 Hanover st.
Remarks,	

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

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a birth shall hereafter take place, shall keep a true and correct
on a blank schedule, to be furnished by the Commissioner of
births which have occurred under his or her care during the
be ascertained the full name of each child, if any shall have
occupation of its parents, the date and place of birth; and the
e practitioner in the form of a certificate between the first and
f the Commissioner of Health. In case the birth of any child
or practitioner of midwifery, or should no other person be in
fter it shall become the duty of the person or parents of such
alth, in the manner and within the period above required, and
il to comply with the provisions of this section shall be sub-
e, to be recovered as other fines and forfeitures are recoverable.

Baltimore under whose charge or superintendance a birth
register of such birth, and shall enter the same on a
Health. This schedule shall contain a list of the birth
month, and shall set forth as far as the same can be as
been conferred) its sex, color, the full name and occupa
said schedule shall be delivered, duly signed by the prac
third day of each and every month to the office of the C
shall occur without the attendance of a physician or pr
attendance upon the mother, immediately thereafter. It
child to report its birth to the Commissioner of Health,
any such person or persons who shall hereafter fail to
jected to the fine of ten (10) dollars for each offense, to be

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 1734

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Mulatto
3. *Date of Birth,*	Dec 20 1889
4. *Place of Birth, (Street and Number)*	1703 Pratt
5. *Full Name of Mother,*	Anna Doyle
6. *Mother's Maiden Name,*	Lambert
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	Martin Doyle
9. *Father's Occupation,*	Iron Worker
10. *Father's Birthplace,*	Md
Name of Medical Attendant, or other person who makes this Return.	Chas E Hadlton
Address,	2105 Druid Hill Ave
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 17515

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* boy
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* December 10 1889
4. *Place of Birth, (Street and Number)* Lancaster 2502
5. *Full Name of Mother,* Bobra Ballatt
6. *Mother's Maiden Name,* Machacek
7. *Mother's Birthplace,* Bohiamon
8. *Full Name of Father,* Frank Machacek
9. *Father's Occupation,* Labr
10. *Father's Birthplace,* Bohiaman

Name of Medical Attendant, or other person who makes this Return. Mary Kohler

Address,

Remarks, Washington 205

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately after the birth of the person or parents of such child to report its birth to the Commissioner of Health within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17576

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* girl
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* December 2d 1889
4. *Place of Birth, (Street and Number)* Cambreda 2120
5. *Full Name of Mother,* Mary Candal
6. *Mother's Maiden Name,* Drehof
7. *Mother's Birthplace,* Bohimian
8. *Full Name of Father,* Varbras Drehof
9. *Father's Occupation,* Tabor
10. *Father's Birthplace,* Bohiarnan

Name of Medical Attendant, or other person who makes this Return. Mary Schultz

Address,

Remarks, Was Twin

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred during the month, and shall set forth as far as the same can be ascertained the name of each child born, the date and place of birth, and the been conferred) its sex, color, the full name and occupation of its parents, the said schedule shall be delivered, duly signed by the practitioner or midwife, to the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 1757

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* boy
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* December 20 1889
4. *Place of Birth, (Street and Number)* Durrel alley 410
5. *Full Name of Mother,* Mary Wolf
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Frank Wolf
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other person who makes this Return. Mary Wolf

Address,

Remarks, Washington 205

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, it shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

JAN 3 1890

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A. 17578

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The First child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* The 20 of December
4. *Place of Birth, (Street and Number)* Nord east Lafayette st.
5. *Full Name of Mother,* Mamie Smith
6. *Mother's Maiden Name,* Mamie Staub.
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Otto Smith
9. *Father's Occupation,* Fresko Painter.
10. *Father's Birthplace,* Baltimore.

Name of Medical Attendant, or other person who makes this Return: Mrs. Bruns

Address, Balir av.

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A. 1579.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Dec 21st. 89.
4. *Place of Birth, (Street and Number)*	133 N. Wolfe
5. *Full Name of Mother,*	Maggie Lowry
6. *Mother's Maiden Name,*	" Ott
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	Andrew Jerge Lowry
9. *Father's Occupation,*	Packer
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other Person who makes this Return	Alfred W Whitehead M.R.C.S.Eng.
Address,	6 S. Exeter St.
Remarks,	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children." 1890

LANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 17520

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Jewish
3. *Date of Birth,* 22 Dec
4. *Place of Birth, (Street and Number)* 915 Fawn St
5. *Full Name of Mother,* Rachel Berg
6. *Mother's Maiden Name,* " Everlick
7. *Mother's Birthplace,* Poland
8. *Full Name of Father,* Simon Berg
9. *Father's Occupation,* Cigar maker
10. *Father's Birthplace,* Poland

Name of Medical Attendant, or other person who makes this Return. Mrs R. Ullig

Address, 1302 Holland St

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17521

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* boy
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* December 12 1889
4. *Place of Birth, (Street and Number)* Washington 218
5. *Full Name of Mother,* Carrie Conrate
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Germer
8. *Full Name of Father,* Frank Conrate
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Germen

Name of Medical Attendant, or other person who makes this Return. Mary Kupke

Address,

Remarks, Washington 203

JAN 3 1890

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician, midwifery, or should no other person be in attendance upon the mother, immediately thereafter, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A 1752

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first (at term)

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white (american)
3. *Date of Birth,* december 22nd 1889
4. *Place of Birth, (Street and Number)* 2035 Hoffman St (near Lay)
5. *Full Name of Mother,* Laura E. Jones
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Norfolk Va.
8. *Full Name of Father,* George A.B. Jones.
9. *Father's Occupation,* Iron moulder
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. John M. J. Finney M.D.

Address, 615 St Paul St. Baltimore

Remarks, Has had two miscarriages previously at early stage of gestation. Normal Labor.

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17573

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* boy
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* December 2d 1889
4. *Place of Birth, (Street and Number)* Luhar 915
5. *Full Name of Mother,* Sophia Filip
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Bohemyn
8. *Full Name of Father,* Tomes Filip
9. *Father's Occupation,* Talor
10. *Father's Birthplace,* Bohémen

Name of Medical Attendant, or other person who makes this Return. Mary Kephir

Address,

Remarks, Worthington 20 E

e a birth shall hereafter take place, shall keep a true and correct
on a blank schedule, to be furnished by the Commissioner of
e births which have occurred under his or her care during the
be ascertained the full name of each child, if any shall have
occupation of its parents, the date and place of birth; and the
e practitioner in the forenoon of the day succeeding between the first and
of the Commissioner of Health. In case the birth of any child
n or practitioner of midwifery, or should no other person be in
after it shall become the duty of the person or parents of such
ealth, in the manner and within the period above required, and
ail to comply with the provisions of this section shall be sub-
e, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 2-10-52

RETURN OF A BIRTH

A. 17524

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Benjamin L. Schwartz

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White 1889
3. *Date of Birth,*	December 22nd
4. *Place of Birth, (Street and Number)*	Schmallwood no Number
5. *Full Name of Mother,*	Rebeca Schwartz
6. *Mother's Maiden Name,*	Rebeca Leon
7. *Mother's Birthplace,*	Pole
8. *Full Name of Father,*	Isack Schwartz
9. *Father's Occupation,*	Tayler
10. *Father's Birthplace,*	Pole
Name of Medical Attendant, or other person who makes this Return.	Friedericke Kenler midwife
Address,	2116 West Pratt St
Remarks,	

a birth shall hereafter take place, shall keep a true and correct
on a blank schedule, to be furnished by the Commissioner of
births which have occurred under his or her care during the
be ascertained the full name of each child, if any shall have
occupation of its parents, the date and place of birth; and the
practitioner in the form of a certificate between the first and
the Commissioner of Health. In case the birth of any child
or practitioner of midwifery, or shall no other person be in
after it shall become the duty of the person of parents of such
alth, in the manner and within the period above required, and
il to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offense, to be
register of such birth, and shall enter the same on a
Health. This schedule shall contain a list of the birth
month, and shall set forth as far as the same can be as
been conferred) its sex, color, the full name and occup
said schedule shall be delivered, duly signed by the pra
third day of each and every month to the office of the
shall occur without the attendance of a physician or pr
attendance upon the mother, immediately thereafter
child to report its birth to the Commissioner of Health,
any such person or persons who shall hereafter fail to c
recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17525

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* Dec 22 1887

4. *Place of Birth, (Street and Number)* 1400 Bank St.

5. *Full Name of Mother,* Lena Heck

6. *Mother's Maiden Name,* Heck

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Louis

9. *Father's Occupation,* Saloon Keeper

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. Mary Klein

Address, 1427 E. Pratt St.

Remarks,

on a blank schedule, to be furnished by the Commissioner of
births which have occurred under his or her care during the
be ascertained the full name of each child, if any shall have
occupation of its parents, the date and place of birth; and the
practitioner in the form of a certificate between the first and
the Commissioner of Health. In case the birth of any child
or practitioner of midwifery, or should no other person be in
er it shall become the duty of the person or parents of such
alth, in the manner and within the period above required, and
l to comply with the provisions of this section shall be sub-
any such person or persons who shall hereafter fail to c
jected to the fine of ten (10) dollars for each offense, to be
, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 17526

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* December 22 1889
4. *Place of Birth, (Street and Number)* Washington 620
5. *Full Name of Mother,* Barbar Drember
6. *Mother's Maiden Name,* Hlechensteni
7. *Mother's Birthplace,* Gearmen
8. *Full Name of Father,* John L lechenstine
9. *Father's Occupation,* talor
10. *Father's Birthplace,* Geamin

Name of Medical Attendant, or other person who makes this Return. Mary Koptic

Address,

Remarks, Wortington 205

BIRTH REGISTERED JAN 3 1890

a birth shall hereafter take place, shall keep a true and correct
on a blank schedule, to be furnished by the Commissioner of
births which have occurred under his or her care during the
be ascertained the full name of each child, if any shall have
ccupation of its parents, the date and place of birth; and the
e practitioner in the form of a certificate between the first and
f the Commissioner of Health. In case the birth of any child
or practitioner of midwifery, or should no other person be in
after it shall become the duty of the person or parents of such
alth, in the manner and within the period above required, and
il to comply with the provisions of this section shall be sub-
, to be recovered as other fines and forfeitures are recoverable.
register of such birth and shall enter the same on a
Health. This schedule shall contain a list of the birth
month, and shall set forth as far as the same can be asc
been conferred) its sex, color, the full name and occupa
said schedule shall be delivered, duly signed by the prac
third day of each and every month to the office of the C
shall occur without the attendance of a physician or pr
attendance upon the mother, immediately thereafter it
child so to report its birth to the Commissioner of Health, i
any such person or persons who shall hereafter fail to c
jected to the fine of ten (10) dollars for each offense, to be

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 1757

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	third
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	12/22/89
4. *Place of Birth, (Street and Number)*	653 Portland St Balto Md
5. *Full Name of Mother,*	Mary Rudolphi
6. *Mother's Maiden Name,*	Mary Damer
7. *Mother's Birthplace,*	Lancaster Pa
8. *Full Name of Father,*	George Charles Rudolphi
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	Balto Md
Name of Medical Attendant, or other person who makes this Return,	Mrs L. Seibuch.
Address,	735 N. Pratt St.
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 14528

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Blk
3. *Date of Birth,*	Dec 22 89
4. *Place of Birth, (Street and Number)*	1805 Fulton Terrace
5. *Full Name of Mother,*	Celia Carroll
6. *Mother's Maiden Name,*	Celia Hawkins
7. *Mother's Birthplace,*	Berkley Springs Va
8. *Full Name of Father,*	Moses Carroll
9. *Father's Occupation,*	Hod Carrier
10. *Father's Birthplace,*	Mobile Alabama.
Name of Medical Attendant, or other person who makes this Return.	Dr. W. J. Chappell
Address,	#1351 N. Gilmor St
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

ovw

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 17534

Name of Child: Laurence Carroll Wilson

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex*, (state whether male or female) male
2. *Race or Color*, (if not of the white race) white
3. *Date of Birth*, December 22d 1887
4. *Place of Birth*, (Street and Number) No: 112 Millington ave,
5. *Full Name of Mother*, Mary Wilson,
6. *Mother's Maiden Name*, Mary Michael
7. *Mother's Birthplace*, Baltimore Co:
8. *Full Name of Father*, Charles Wilson,
9. *Father's Occupation*, Barkeeper,
10. *Father's Birthplace*, Baltimore

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 17530

No. of Child of Mother, (state whether 1st, ~~2d, 3d,~~ &c.)	
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	23rd Dec - 1889
4. Place of Birth, (Street and Number)	228 S. Freemont Ave.
5. Full Name of Mother,	Ida Belschler
6. Mother's Maiden Name,	Ida Geyer
7. Mother's Birthplace,	232 S. Freemont Ave Balto
8. Full Name of Father,	John Belschler
9. Father's Occupation,	Tin-Smith
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return.	Catherine Minsch
Address,	800 Leadenhall Street
Remarks,	

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d ✓

1. *Sex, (state whether male or female)* female ✓ J.W.A. 17531
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* December 23. 1889.
4. *Place of Birth, (Street and Number)* 1311 Mc. Elderry st ✓
5. *Full Name of Mother,* Fanny Cohn ✓
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Europe ✓
8. *Full Name of Father,* Harris Cohn ✓ Died Jan 19/17
9. *Father's Occupation,* Tailor ✓
10. *Father's Birthplace,* Europe ✓

Name of Medical Attendant, or other person who makes this Return. Mrs Cecilie Bernstein

Address, 122 S. Exeter st

Remarks,

APPROVED

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 175322

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	Dec 23d
4. *Place of Birth, (Street and Number)*	1424 McCulloh St
5. *Full Name of Mother,*	Carrie Ottinger
6. *Mother's Maiden Name,*	Carrie Blumenberg
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Emanuel Ottinger
9. *Father's Occupation,*	Merchant
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	H. Leventhal
Address,	100 Cathedral St
Remarks,	

egister of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A. 17,533

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	M
2. *Race or Color, (if not of the white race)*	W
3. *Date of Birth,*	Dec. 23d 1889
4. *Place of Birth, (Street and Number)*	907 E. Chase St.
5. *Full Name of Mother,*	Mary Myers
6. *Mother's Maiden Name,*	Lafferty
7. *Mother's Birthplace,*	Balt.
8. *Full Name of Father,*	Frank Myers
9. *Father's Occupation,*	Expressman
10. *Father's Birthplace,*	Balt.
Name of Medical Attendant, or other Person who makes this Return	W. T. Reynolds Jan.
Address,	2004 St. Paul St.
Remarks,	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17534

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 1st

1. *Sex*, (*state whether male or female*) Female
2. *Race or Color*, (*if not of the white race*) White
3. *Date of Birth*, DEC 25 1889
4. *Place of Birth*, (*Street and Number*) 1431 W Lanvale St Balto
5. *Full Name of Mother*, Mary J. Maulden
6. *Mother's Maiden Name*, Mary J Dodd
7. *Mother's Birthplace*, Talbot Co Md
8. *Full Name of Father*, James L Maulden
9. *Father's Occupation*, Steam Laundry
10. *Father's Birthplace*, Cecil Co Md

Name of Medical Attendant, or other person who makes this Return. Thyder Cooke M.D.

Address, 914 N Charles St

Remarks,

Whoever under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

shall hereafter take place, shall keep a true and correct
nk schedule, to be furnished by the Commissioner of
which have occurred under his or her care during the
tained the full name of each child, if any shall have
n of its parents, the date and place of birth; and the
ioner in the form of a certificate between the first and
mmissioner of Health. In case the birth of any child
titioner of midwifery, or should no other person be in
all become the duty of the person or parents of such
the manner and within the period above required, and
nply with the provisions of this section shall be sub-
ecovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17535

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) First

1. *Sex*, (*state whether male or female*) Female
2. *Race or Color*, (*if not of the white race*) White
3. *Date of Birth*, December 23rd 1889 2:40 P.M.
4. *Place of Birth*, (*Street and Number*) Maternite
5. ~~*Full Name of Mother*~~,
6. *Mother's Maiden Name*, Della Edwards
7. *Mother's Birthplace*, Maryland
8. *Full Name of Father*, —
9. *Father's Occupation*, —
10. *Father's Birthplace*, —

Name of Medical Attendant, or other person who makes this Return. William J Todd M.D.
Res Phy. Maternite

Address.

Remarks, Weight 6 7/8#

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: John Willert ~~Frederick~~

A. 17536

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, December ~~25~~ 25, 1889.
4. Place of Birth, (Street and Number) 112 Central Ave ~~Frederick~~ Frederick
5. Full Name of Mother, Mary ~~Frederick~~ (~~Frederick~~)
6. Mother's Maiden Name, " nee Herpel
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Geo William ~~Frederick~~ (~~Frederick~~)
9. Father's Occupation, Laborer.
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Cecilie Bernstein

Address, 122 S. Exeter st.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17537

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	white race
3. *Date of Birth,*	December the 23d
4. *Place of Birth, (Street and Number)*	Baltimore Flamburg st 19
5. *Full Name of Mother,*	Sophfranna Creighton
6. *Mother's Maiden Name,*	Blackeby
7. *Mother's Birthplace,*	Virginia
8. *Full Name of Father,*	gorge Creighton
9. *Father's Occupation,*	Cigarmaker
10. *Father's Birthplace,*	Maryland
Name of Medical Attendant, or other person who makes this Return.	Elizabeth Hathaway
Address,	1512 light st
Remarks,	

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered and for fines and forfeitures are recoverable.

JAN 3 1890

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The scond

1. *Sex, (state whether male or female)* Female. A. 1538
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* The 23 of December.
4. *Place of Birth, (Street and Number)* Belir.av. 1622.
5. *Full Name of Mother,* Johanna Fisher.
6. *Mother's Maiden Name,* Johanna Rilila.
7. *Mother's Birthplace,* Garman
8. *Full Name of Father,* Frances Fisher.
9. *Father's Occupation,* Berber.
10. *Father's Birthplace,* Garman

Name of Medical Attendant, or other person who makes this Return, Mrs. Bruns

Address, Blir av.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 girl A. 17539.

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 23 Decembe
4. *Place of Birth, (Street and Number)* 1913 Chase st.
5. *Full Name of Mother,* Wilhelmina Krauss
6. *Mother's Maiden Name,* Branch
7. *Mother's Birthplace,* Balt. Md
8. *Full Name of Father,* John Krauss
9. *Father's Occupation,* Laylor
10. *Father's Birthplace,* Baiern

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

register of such birth and shall enter the same on a ... Health. This schedule shall contain a list of the birth ... month, and shall set forth as far as the same can be ... been conferred) its sex, color, the full name and occupa... said schedule shall be delivered, duly signed by the practi... third day of each and every month to the Office of the C... shall occur without the attendance of a physician or pra... attendance upon the mother, immediately thereafter it ... child to report its birth to the Commissioner of Health, ... any such person or persons who shall hereafter fail to c... jected to the fine of ten (10) dollars for each offense, to be ... to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 17340

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* December 23 1889
4. *Place of Birth, (Street and Number)* Washington 205
5. *Full Name of Mother,* Barbra Amailler
6. *Mother's Maiden Name,* Sterner
7. *Mother's Birthplace,* Gearmer
8. *Full Name of Father,* John Sterner
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Gearmer

Name of Medical Attendant, or other person who makes this Return. Mary Shuptin

Address,

Remarks, Washington DC

...ance a birth shall hereafter take place, ... register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The First

1. *Sex, (state whether male or female)* Female. A 1754

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* The 24. December.

4. *Place of Birth, (Street and Number)* Blir. av. 15 12.

5. *Full Name of Mother,* Mary Gaup.

6. *Mother's Maiden Name,* Mary Stainline.

7. *Mother's Birthplace,* Baltimore.

8. *Full Name of Father,* Charles Gaup

9. *Father's Occupation,* Berber.

10. *Father's Birthplace,* Garman.

Name of Medical Attendant, or other person who makes this Return, Mrs. Bruns

Address, Blir. av.

Remarks,

Baltimore under whose charge of superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A. 17542

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	December 24th
4. *Place of Birth, (Street and Number)*	403 Pulaski
5. *Full Name of Mother,*	Rosa Braverman
6. *Mother's Maiden Name,*	Rosa Schwartzberg
7. *Mother's Birthplace,*	Pole
8. *Full Name of Father,*	Philip Braverman
9. *Father's Occupation,*	Cigarmaker
10. *Father's Birthplace,*	Pole
Name of Medical Attendant, or other person who makes this Return.	Friederike Hensler Midwife
Address,	2116 West Bath St
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 17543

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	Dec^r 24^th 1889
4. *Place of Birth, (Street and Number)*	# 218 N. Lee St
5. *Full Name of Mother,*	Lana V. Brown
6. *Mother's Maiden Name,*	Pancoast
7. *Mother's Birthplace,*	Balto City
8. *Full Name of Father,*	Jno F. Brown
9. *Father's Occupation,*	Conductor
10. *Father's Birthplace,*	Queen Anne Co Md
Name of Medical Attendant, or other person who makes this Return	R. C. Lee
Address,	Hanover St.
Remarks,	

Any person under whose charge or superintendence a birth shall hereafter take place shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth — so far as the same can be ascertained — the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore under whose charge or superintendance a birth shall occur without the attendance of a physician or practitioner of midwifery, or shall be attended by any person who shall not immediately thereafter report such birth to the Commissioner of Health, in the manner and within the period above required, and to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17544

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	Dec 24th
4. *Place of Birth, (Street and Number)*	830 Sharp st
5. *Full Name of Mother,*	Annie Weller
6. *Mother's Maiden Name,*	" Wakenicy
7. *Mother's Birthplace,*	City
8. *Full Name of Father,*	Louis Weller
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	City
Name of Medical Attendant, or other person who makes this Return.	L A Bunch M D
Address,	511 Hanover
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* female A. 17375
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 24th December 189
4. *Place of Birth, (Street and Number)* 704 Hanover St.
5. *Full Name of Mother,* Amelia Wittemann
6. *Mother's Maiden Name,* Keller
7. *Mother's Birthplace,* Balto Md.
8. *Full Name of Father,* Charles Wittemann
9. *Father's Occupation,* Polisher
10. *Father's Birthplace,* Balto Md.

Name of Medical Attendant, or other person who makes this Return. Katherine Hirsch

Address, 808 Leadenhall Street

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

A. 17340

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* December 24th 1859
4. *Place of Birth, (Street and Number)* 313 Parkin St. Baltimore MD
5. *Full Name of Mother,* Anna Maria Adams
6. *Mother's Maiden Name,* Anna Maria Scragg
7. *Mother's Birthplace,* Liverpool England
8. *Full Name of Father,* William Adams
9. *Father's Occupation,* General ~~Birmingham England~~ Fitter
10. *Father's Birthplace,* Birmingham England

Name of Medical Attendant, or other person who makes this Return, Mrs ~~Sedano~~ Sillach

Address, 735 West Pratt Street

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17547

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* white.
3. *Date of Birth,* Dec 24 1887
4. *Place of Birth, (Street and Number)* Baltimore 526 Mount st
5. *Full Name of Mother,* Agnes Georgius
6. *Mother's Maiden Name,* Agnes Schultze
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* John Georgius
9. *Father's Occupation,* News Dealer
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Mrs C. Seebach

Address, No 735 W. Pratt street

Remarks,

register of such birth, and shall enter the same on a b
Health. This schedule shall contain a list of the births
month, and shall set forth as far as the same can be asc
been conferred) its sex, color, the full name and occupat
said schedule shall be delivered, duly signed by the prac
third day of each and every month to the office of the C
shall occur without the attendance of a physician or pra
attendance upon the mother, immediately thereafter it
child to report its birth to the Commissioner of Health, in
any such person or persons who shall hereafter fail to c
jected to the fine of ten (10) dollars for each offense, to be

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17548

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Dec 24th 1889
4. *Place of Birth, (Street and Number)* 659 Josephine-st
5. *Full Name of Mother,* Lizzie Williams
6. *Mother's Maiden Name,* Lizzie Mathes
7. *Mother's Birthplace,* Rich Town
8. *Full Name of Father,* George Williams
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore County

Name of Medical Attendant, or other person who makes this Return. Mary S Thompson

Address, #655 Josephine-st

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person, or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male

A 17549

2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Baltimore December 24 th 1889
4. *Place of Birth, (Street and Number)* No 920 Lemmon Street
5. *Full Name of Mother,* Mary Murphy
6. *Mother's Maiden Name,* Mary C Moor
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Patrick Murphy
9. *Father's Occupation,* Moulder
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return. Catharine Mitchell

Address, No 848 West Pratt Street Baltimor

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17550

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)		3
1. Sex, (state whether male or female)		male
2. Race or Color, (if not of the white race)		
3. Date of Birth,		25 Dezember
4. Place of Birth, (Street and Number)		Pontiere 341
5. Full Name of Mother,		Katie Schoen
6. Mother's Maiden Name,		Hoffman
7. Mother's Birthplace,		Germ
8. Full Name of Father,		Philip Schoen
9. Father's Occupation,		Groceries
10. Father's Birthplace,		Germ
Name of Medical Attendant,	or other person who makes this Return.	Dr Theresa Münch
Address,		800 Leadenhall Street
Remarks,		

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

JAN 1 1890

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 19551

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* December 25th 1889. 7.35 A.M.

4. *Place of Birth, (Street and Number)* Maternité

5. *Full Name of Mother,*

6. *Mother's Maiden Name,* Alice Neal

7. *Mother's Birthplace,* England

8. *Full Name of Father,* —

9. *Father's Occupation,* —

10. *Father's Birthplace,* —

Name of Medical Attendant, or other person who makes this Return. William J. Fred M.D. Res. Phys. Maternité

Address,

Remarks, Weight 7 9/16

Baltimore under whose charge or superintendance a birth shall happen in the City of ... register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which ... month, and shall set forth as far as the same can be ascertained ... been conferred) its sex, color, the full name and occupation of ... said schedule shall be delivered, duly signed by the practitioner ... third day of each and every month to the office of the Commissioner ... shall occur without the attendance of a physician or practitioner ... attendance upon the mother, immediately thereafter it shall be ... child to report its birth to the Commissioner of Health, in the manner and within the period above required, and ... any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17557

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Dec 25 - 1889
4. *Place of Birth, (Street and Number)* 1933 Canton Av.
5. *Full Name of Mother,* Agnes Carol
6. *Mother's Maiden Name,* Mc Lane
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Carol
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Klein

Address, 1427 E. Oraft St.

Remarks,

a birth shall hereafter take place, shall keep a true and correct
on a blank schedule, to be furnished by the Commissioner of
births which have occurred under his or her care during the
be ascertained the full name of each child, if any shall have
occupation of its parents, the date and place of birth; and the
practitioner in the form of a certificate between the first and
the Commissioner of Health. In case the birth of any child
or practitioner of midwifery, or should no other person be in
ter it shall become the duty of the person or parents of such
alth, in the manner and within the period above required, and
il to comply with the provisions of this section shall be sub-
to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Baltimore under whose charge or superintendance a birth shall happen, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the party making the return, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17553

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* boy
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* December 25 1887
4. *Place of Birth, (Street and Number)* 309 Dumpson st
5. *Full Name of Mother,* Anna Shwertka
6. *Mother's Maiden Name,* Peter
7. *Mother's Birthplace,* Bohiamen
8. *Full Name of Father,* Franz Peter
9. *Father's Occupation,* tailor
10. *Father's Birthplace,* Bohiamen

Name of Medical Attendant, or other person who makes this Return. Mary Keptis

Address,

Remarks, Washington 22

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex (~~state whether male or female~~), A. 17524

2. Race or Color (if not of the white race),

3. Date of Birth, Dec 25th 1889

4. Place of Birth (Street and Number), 1946 N. Caroline St

5. Full Name of Mother, Amelia J. Wilson

6. Mother's Maiden Name, Zell

7. Mother's Birthplace, Balto

8. Full Name of Father, Frank P. Wilson

9. Father's Occupation, Electrician

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Geo H Cullen

Address, 107 Wendover Terrace

Remarks,

Be it ordained that every person practicing midwifery in the city of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 17553

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Dec 26 1869
4. *Place of Birth, (Street and Number)* 1428 Canton Av.
5. *Full Name of Mother,* Lena Weidner
6. *Mother's Maiden Name,* Zeller
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Weidner
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mary Stein

Address, 1427 E Pratt St.

Remarks,

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female A. 17556
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Dec 26 1889
4. *Place of Birth, (Street and Number)* 408 S Durham St.
5. *Full Name of Mother,* Louise Schmidt
6. *Mother's Maiden Name,* Gehrhart
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Fred. Schmidt
9. *Father's Occupation,* Shoe Maker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return Mary Stein

Address, 1427 E. Fratt St.

Remarks,

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Sixth A 17357

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Black
3. *Date of Birth,* Dec 26 189
4. *Place of Birth, (Street and Number)* 2217 Bacon Al.
5. *Full Name of Mother,* Rose Hall
6. *Mother's Maiden Name,* unknown
7. *Mother's Birthplace,* Calvert Co
8. *Full Name of Father,* Alex Hall
9. *Father's Occupation,* Hod-Carrier
10. *Father's Birthplace,* Kent Co.

Name of Medical Attendant, or other Person who makes this Return. L Harrod Col

Address, 739 W Fayette St

Remarks,

SECTION 7.—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

GIVEN NAME ADDED 8-16-54

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Richard Robert Goodrich

A. 17338

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* December 26 d 1889
4. *Place of Birth, (Street and Number)* No 522 Fredrick ave
5. *Full Name of Mother,* Mary A Goodrick
6. *Mother's Maiden Name,* Mary A Levering
7. *Mother's Birthplace,* Baltimore Co:
8. *Full Name of Father,* Robert Mc Goodrick
9. *Father's Occupation,* Teamster
10. *Father's Birthplace,* Washington.

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 1359

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex*, (state whether ~~male or~~ female) Female
2. *Race or Color*, (if not of the white race) White
3. *Date of Birth* December 26, 1889.
4. *Place of Birth*, (Street and Number) 2203 N. Calvert St.
5. *Full Name of Mother*, Adèle Baldwin
6. *Mother's Maiden Name*, Adèle French.
7. *Mother's Birthplace*, U.S.
8. *Full Name of Father*, Loammi H. Baldwin.
9. *Father's Occupation*, Insurance Agent
10. *Father's Birthplace*, U.S.

Name of Medical Attendant, or other Person who makes this Return. George H. Rohé,

Address, 611 N. Calvert St.

Remarks,

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
1. *Sex, (State whether male or female)*	Female A. 17366
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	Dec 16 26-88
4. *Place of Birth, (Street and Number)*	1 C 2736 Odonnell st
5. *Full Name of Mother,*	Margarette Lebour
6. *Mother's Maiden Name,*	Miller
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Christopher Lebour
9. *Father's Occupation,*	Labor
10. *Father's Birthplace,*	Ironia
Name of Medical Attendant, or other person who makes this Return.	Sarah J Harrington
Address,	1 C 924 Bimble st
Remarks,	

...more under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct ...gister of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of ...ealth. This schedule shall contain a list of the births which have occurred under his or her care during the ...onth, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have ...en conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the ...d schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and ...ird day of each and every month to the office of the Commissioner of Health. In case the birth of any child ...shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in ...ttendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such ...hild to report its birth to the Commissioner of Health, in the manner and within the period above required, and ...ny such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub...ected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 A. 17561
1. *Sex, (State whether male or female)*	male
2. *Race or color, (if not of the white race)*	white
3. *Date of Birth,*	Dec 11 26 - 88
4. *Place of Birth, (Street and Number)*	1c 515 Amr st
5. *Full Name of Mother,*	Augusta Lowther Events
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John H Lowther
9. *Father's Occupation,*	Hostler
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Sarah P Harrington
Address,	1c 224 Bmore st
Remarks,	

Baltimore under whose charge or superintendance a birth shall happen in the City of
register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of
Health. This schedule shall contain a list of the births which have occurred under his or her care during the
month, and shall set forth as far as the same can be ascertained the full name of each child, if it shall have
been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the
said schedule shall be delivered, duly signed by the practitioner or midwife, at the office of the Commissioner in the form of a certificate between the first and
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 17667

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	~~One~~ forth
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	December 26-1889
4. *Place of Birth, (Street and Number)*	630 South Charles St
5. *Full Name of Mother,*	~~Eliz~~ Elizabeth Dietz
6. *Mother's Maiden Name,*	" " Jaeger
7. *Mother's Birthplace,*	Balti City M D
8. *Full Name of Father,*	Adam E. Dietz
9. *Father's Occupation,*	Dentist & Barber
10. *Father's Birthplace,*	Balti City M D
Name of Medical Attendant, or other person who makes this Return.	Catherine Minch
Address,	800 Leadenhall Street
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17563

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (State whether male or female)*	male
2. *Race or color, (if not of the white race)*	white
3. *Date of Birth,*	Dec 27 98
4. *Place of Birth, (Street and Number)*	No 2717 Hudson st
5. *Full Name of Mother,*	Sigrid Bonyak
6. *Mother's Maiden Name,*	Davis
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	William Bonyak
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	Sarah F. Harrington
Address,	No 524 Bonner st
Remarks,	

JAN 2 1899

Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Extract from Section 7 of Ordinance No. 1 of the Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth A. 17564

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec 27th 1889

4. Place of Birth, (Street and Number) 1113 Chanticleer

5. Full Name of Mother, Anna

6. Mother's Maiden Name, Neudorf

7. Mother's Birthplace, City

8. Full Name of Father, Louis Broll

9. Father's Occupation, Oysterman

10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return. E. J. M. Clemens MD

Address, 2826 Eastern

Remarks, See document file Reg. No. A-17564
J.H. Welsh - Reg. 1-28-48

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First A. 17565
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	27 December 1889
4. *Place of Birth, (Street and Number)*	2808 O Donnell St
5. *Full Name of Mother,*	Ella Daucher
6. *Mother's Maiden Name,*	City
7. *Mother's Birthplace,*	Charles Co Md
8. *Full Name of Father,*	Fireman B & O RR
9. *Father's Occupation,*	City
10. *Father's Birthplace,*	E. Williams MD
Name of Medical Attendant, or other person who makes this Return.	2822 a Eleventh St
Address,	
Remarks,	

Extract Regulations of the Health Department to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

JAN 2 1890

WM. ... PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17566

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether ~~male~~ or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, December 27. 1889
4. Place of Birth, (Street and Number) 816 Covington st City
5. Full Name of Mother, Mary Maggie Dietz
6. Mother's Maiden Name, Mickel
7. Mother's Birthplace, Germany
8. Full Name of Father, John Herman Adam Dietz
9. Father's Occupation, Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Catherine Minch

Address, 800 Leadenhall Street

Remarks,

Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

EXTRACT Regulations of the Health Department of Baltimore City.

Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

GIVEN NAME ADDED 6-24-53

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Edgar E. Kenly

A 17567

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 27 Dec, 1889
4. *Place of Birth, (Street and Number)* 612 E. Lombard St
5. *Full Name of Mother,* Nettie Kenly
6. *Mother's Maiden Name,* " Tailor
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Reuban Kenly
9. *Father's Occupation,* Can maker
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. Mrs R Illig

Address, 902 Holland St

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17568

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 d

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, December 27. 1888.
4. Place of Birth, (Street and Number) 279 N. Exeter st
5. Full Name of Mother, Anni Silverman
6. Mother's Maiden Name,
7. Mother's Birthplace, Europe
8. Full Name of Father, Natan Silverman
9. Father's Occupation, Peddler
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs Cacilie Bernstein

Address, 122 S. Exeter st.

Remarks,

Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17369

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Dec 27th 1889
4. *Place of Birth, (Street and Number)*	2037 Division St
5. *Full Name of Mother,*	Ella Lindsay
6. *Mother's Maiden Name,*	Nicol
7. *Mother's Birthplace,*	Pennsylvania
8. *Full Name of Father,*	Frank Lindsay
9. *Father's Occupation,*	Carpenter
10. *Father's Birthplace,*	Md
Name of Medical Attendant, or other person who makes this Return.	Chas E Sadler
Address,	2105 Druid Hill Ave
Remarks,	

JAN 2 1890

Extract Regulations of the Health Department relative to Births and Deaths.

Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 17570

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	Decr 27th 1889
4. *Place of Birth, (Street and Number)*	No 805 S. Charles st
5. *Full Name of Mother,*	Carrie Buchman
6. *Mother's Maiden Name,*	Harris
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Wm H Buchman
9. *Father's Occupation,*	Can Maker
10. *Father's Birthplace,*	Balto. City
Name of Medical Attendant, or other person who makes this Return.	R. C. Lee
Address,	Hanover st
Remarks,	

Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	Dec 27th 1889
4. *Place of Birth, (Street and Number)*	1532 N Bond St
5. *Full Name of Mother,*	Emma L Brack
6. *Mother's Maiden Name,*	Schmidt
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Henry L Brack
9. *Father's Occupation,*	Real Estate Agent
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	S H Soldner M D
Address,	1501 E Eager St
Remarks,	

A. 17571

JAN 3 1890

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 1-26-55

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 17572

Mae Alberta Wolf

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, Dec 2 at 89
4. Place of Birth, (Street and Number) 109 Mary St
5. Full Name of Mother, Lena Wolf
6. Mother's Maiden Name, Lena Carroll
7. Mother's Birthplace, Penna
8. Full Name of Father, Thomas F. Wolf
9. Father's ~~Occupation~~ birthplace, Carroll Co. Md
10. Father's ~~Birthplace~~ occupation, Mason

Name of Medical Attendant, or other person who makes this Return. L. T. Fox M.D.

Address, 108 South Hill Ave. Annex

Remarks, R. O. A. 1205.

Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 1757

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colerd
3. Date of Birth, December 3
4. Place of Birth, (Street and Number) Slurey rt No 16
5. Full Name of Mother, alice white
6. Mother's Maiden Name, alice Warlington
7. Mother's Birthplace, Warlington
8. Full Name of Father, Harry Warlington
9. Father's Occupation, labour
10. Father's Birthplace, Warlington

Name of Medical Attendant, or other person who makes this Return. rassat Jane Wilson

Address, Slurey rt No 115

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the city of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parent or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

A 13711

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* Dec 6 '89
4. *Place of Birth (Street and Number),* 806 Hammond al
5. *Full Name of Mother,* Julia Burns Fahey
6. *Mother's Maiden Name,* Julia Burns
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Fahey
9. *Father's Occupation,* Dredger
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return. Wm F. Smith M.D

Address, City Hospital

Remarks,

The Baltimore Publishing Co., City Printers and Stationers

Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17575

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 6th of December.
4. *Place of Birth, (Street and Number)* 1383 Whatcoat St
5. *Full Name of Mother,* Rosa Bush
6. *Mother's Maiden Name,* Rosa Powell
7. *Mother's Birthplace,* Baltimore County
8. *Full Name of Father,* Robert Green
9. *Father's Occupation,* Oysterman
10. *Father's Birthplace,* Essex Co. Virginia

Name of Medical Attendant, or other person who makes this Return. Sarah Collins

Address, 1610 Vincent ave near Baker st

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 17578

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Dec 4th 1889
4. *Place of Birth, (Street and Number)* Baltimore City 1111 Hanticoke St
5. *Full Name of Mother,* Louise Davis
6. *Mother's Maiden Name,* Louise Mccall
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Charles M Davis
9. *Father's Occupation,* Cooper
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return. Miss Mc Shaffer

Address, No 716 West St

Remarks,

Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name and occupation of its parents, the date and place of birth, and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of Midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner of midwifery, or such other person as aforesaid, to the Commissioner of Health, in the manner and within the period hereinafter required, and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or such other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parents of such child to report its birth to the Commissioner of Health, in the manner and within the period hereinafter required, and to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Carolyn Violet Todd

A 17577

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. Sex, (state whether male or female)	female
2. Race or Color, (if not of the white race)	
3. Date of Birth,	Dec 11th 1889
4. Place of Birth, (Street and Number)	Baltimore City No 418 Scott st
5. Full Name of Mother,	Hattie Todd
6. Mother's Maiden Name,	Hattie Gebhardt
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Robert Todd
9. Father's Occupation,	Bartender
10. Father's Birthplace,	Maryland No. 2.
Name of Medical Attendant, or other person who makes this Return,	Mrs M Stauffer
Address,	No 716 West st
Remarks,	GIVEN NAME ADDED. 7-14-53 L-M

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th A 17578

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* Colored
3. *Date of Birth,* Dec 7th 11-15
4. *Place of Birth (Street and Number),* 701 Jefferson St.
5. *Full Name of Mother,* Annie Ford.
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* James Turner
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore Co.

Name of Medical Attendant, or other person who makes this Return. Jno W Branham

Address, City Hospital

Remarks,

Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the city of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH

GIVEN NAME ADDED 12-2-54

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Harry Robert Parker

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second A. 17579.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, December 12th 1889
4. Place of Birth, (Street and Number) Huntington Ave & W.
5. Full Name of Mother, Sadie J. Parker
6. Mother's Maiden Name, McDonald
7. Mother's Birthplace, Maryland
8. Full Name of Father, John R. Parker
9. Father's Occupation, Laborer
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return. R. B. Norment M.D.

Address, 920 Falls Road

Remarks,

JAN 4 1890

Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 17580

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Dec 18th 1889
4. *Place of Birth, (Street and Number)* Baltimore City 1111 Nanticoke St
5. *Full Name of Mother,* Elisbeth Wagwood
6. *Mother's Maiden Name,* Elisbeth Smith
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Wm Wagwood
9. *Father's Occupation,* Machinist
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return. Mrs Mc Shaffer

Address, No 716 West St

Remarks,

Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the Births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, Dec 15, 1887

4. Place of Birth, (Street and Number) 883 Hollins st

5. Full Name of Mother, Minnie J. Thornton

6. Mother's Maiden Name, Kelley

7. Mother's Birthplace, Balto

8. Full Name of Father, George B Thornton

9. Father's Occupation, Liquor Dealer

10. Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return. Edward N. Condon M.D.

Address, 1403 Fayette st

Remarks,

SECTION 7.—And be it further enacted that every person having charge of any child born under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 17 82

No. of Child of Mother, (*state whether* 1st, 2d, 3d, &c.) 4th

1. *Sex,* (*state whether male or female*) Male
2. *Race or Color,* (*if not of the white race*) Colored
3. *Date of Birth,* December 15th 1889
4. *Place of Birth,* (*Street and Number*) 508 N Longwood St.
5. *Full Name of Mother,* Helen Gray
6. *Mother's Maiden Name,* Helen Bowman
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* William Gray
9. *Father's Occupation,* Waiter
10. *Father's Birthplace,* Saint Mary Co Md

Name of Medical Attendant, or other person who makes this Return, Sarah Rollins

Address, 1610 Vincent avenue near Baker

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17583

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, December ~~th~~ 15-1881
4. Place of Birth, (Street and Number) 1537 Bruce Street
5. Full Name of Mother, Emma Gross
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Calvert County Md
8. Full Name of Father, Skipton Gray
9. Father's Occupation, Laborer
10. Father's Birthplace, E Ellicott City

Name of Medical Attendant, or other person who makes this Return. Sarah Rollins

Address, 1610 Vincent ave near Baker

Remarks,

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

17584

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th Child A

1. Sex, (state whether ~~male~~ or female)
2. Race or Color, (if not of the white race) White
3. Date of Birth, December 17th 1889
4. Place of Birth, (Street and Number) Orleans St No 1538
5. Full Name of Mother, Katharina Führer
6. Mother's Maiden Name, Katharina Bäckel
7. Mother's Birthplace, Effolderback. Hessen Germany
8. Full Name of Father, Elias Führer
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Grantenborn Prussia Germany

Name of Medical Attendant, or other person who makes this Return. Mary E. Muller

Address, N. Dallas St No 114

Remarks,

JAN 4 1890

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 175 86

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. Sex, (state whether male or female)	female
2. Race or Color, (if not of the white race)	white race
3. Date of Birth,	December 1st 1886
4. Place of Birth, (Street and Number)	Baltimore Borough of 1505
5. Full Name of Mother,	Mallinee Allen
6. Mother's Maiden Name,	Lidgin
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	John Allen
9. Father's Occupation,	labour
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Elizabeth O'Hathorn
Address,	1514 Light St
Remarks,	

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 17581

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5-th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 17. December 1892
4. *Place of Birth, (Street and Number)* 1552 Bruce St near Baker
5. *Full Name of Mother,* Sophia Levi
6. *Mother's Maiden Name,* Sophia Frazer
7. *Mother's Birthplace,* Calvert County Md
8. *Full Name of Father,* David Levi
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Calvert County Md

Name of Medical Attendant, or other person who makes this Return. Sarah Rollins

Address, 1610 Vincent ave near Baker

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17587

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Dec 17th 1889
4. Place of Birth, (Street and Number) Baltimore City 951 S Paca St
5. Full Name of Mother, Kathren E Fenton
6. Mother's Maiden Name, Kathreen E Burke
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, John R. Fenton
9. Father's Occupation, Shoe Maker
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. Mrs M E Shaffer

Address, No 716 West St

Remarks,

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such [illegible] for the same on a blank schedule, to be furnished by the Commissioner of Health. This [illegible] set forth as far as the same can be ascertained the full date of each child, if any shall have been born, and such [illegible] sex, color, the full name and occupation of its parent, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the case, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Record of Vital Statistics in the City of Baltimore.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 17588

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	white race
3. *Date of Birth,*	December the 16th
4. *Place of Birth, (Street and Number)*	Baltimore Wesley St 15
5. *Full Name of Mother,*	Mary C Woodfield
6. *Mother's Maiden Name,*	Thomson
7. *Mother's Birthplace,*	Marland
8. *Full Name of Father,*	gorge w woodfield
9. *Father's Occupation,*	Carpenter
10. *Father's Birthplace,*	Marland
Name of Medical Attendant, or other person who makes this Return.	Elizabeth Hathorn
Address,	154 Light St
Remarks,	

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First A. 17584

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* December 21st 1889
4. *Place of Birth, (Street and Number)* 33 Stone Hill Mt. Vernon
5. *Full Name of Mother,* Mary A Hafner
6. *Mother's Maiden Name,* King
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* C. Edward Hafner
9. *Father's Occupation,* Machinist
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return. R. B. Norment M.D.

Address, 320 Falls Road

Remarks,

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the parson or parents of such child to report its birth to the Commissioner of Health in the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 7.—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	fifth one A. 17590
1. Sex, (state whether male or female)	male
2. Race or Color, (if not of the white race)	Colerd
3. Date of Birth,	21 DeCemBer
4. Place of Birth, (Street and Number)	916 harmony lane Baltio
5. Full Name of Mother,	Mary Bailey
6. Mother's Maiden Name,	Mary hutSon
7. Mother's Birthplace,	Baltimare . Md.
8. Full Name of Father,	W. T. Bailey
9. Father's Occupation,	oyster Schucker
10. Father's Birthplace,	eastern Shore Md.
Name of Medical Attendant, or other Person who makes this Return.	Mid Wif Garett hutSon
Address,	o No 937 harmony lane
Remarks,	

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 1791

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.)

1. *Sex,* (*state whether male* ~~*or female*~~)
2. *Race or Color,* (*if not of the white race*) White
3. *Date of Birth,* December 21. th 1889
4. *Place of Birth,* (*Street and Number*) S. Spring St No 314
5. *Full Name of Mother,* Therese Reinemar
6. *Mother's Maiden Name,* Therese Fischer
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Philipp Reinemar
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Wiesbaden. Prussia Germany

Name of Medical Attendant, or other person who makes this Return, Mary E. Müller

Address, N. Dallas St No 114

Remarks,

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full names of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

JAN 4 1890

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child. 17592

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race) White
3. Date of Birth, December 22th 1889
4. Place of Birth, (Street and Number) E. Baltimore St No 915
5. Full Name of Mother, Louisa Cunningham
6. Mother's Maiden Name, Louisa Parr
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Christoph Cunningham
9. Father's Occupation, Press finisher
10. Father's Birthplace, Washington. D. C.

Name of Medical Attendant, or other person who makes this Return, Mary E. Miller

Address, N. Dallas St No 114

Remarks,

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Section 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 17593

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 22 nd of December 1889
4. *Place of Birth, (Street and Number)* 1615 Vincent ave.
5. *Full Name of Mother,* Lydia Brown
6. *Mother's Maiden Name,* Lydia Mason
7. *Mother's Birthplace,* Fredericsburg Virginia
8. *Full Name of Father,* Joseph H Brown
9. *Father's Occupation,* Leabors
10. *Father's Birthplace,* Dorchester County Md

Name of Medical Attendant, or other person who makes this Return, Sarah Rollins

Address, 1610 Vincent ave near Baker st

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 7 17594

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) .....

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* .....
3. *Date of Birth,* Dec 23/89
4. *Place of Birth, (Street and Number)* No 314 S. Chappel St
5. *Full Name of Mother,* Emma Klein
6. *Mother's Maiden Name,* Kohlmann
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles Klein
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mrs. Louise Kraft

Address, No 405 S. Washington St

Remarks, ...

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

JAN 4 1890

RETURN OF A BIRTH

GIVEN NAME ADDED 11-8-52

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Annie Rosalie ~~Berger~~ A 17595

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. *Sex, (state whether ~~male or~~ female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* December 23th 1889
4. *Place of Birth, (Street and Number)* S. Bond St No 726
5. *Full Name of Mother,* Helene Berger
6. *Mother's Maiden Name,* Helene Barks
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* George Berger
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return. Mary C. Müller

Address, N. Dallas St No 114

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 1759

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 23rd 1889 December
4. Place of Birth, (Street and Number) 1215 Smith Street
5. Full Name of Mother, Caffrey Matthews
6. Mother's Maiden Name, Caffrey Marshall
7. Mother's Birthplace, Sussex County Virginia
8. Full Name of Father, Williams Matthews
9. Father's Occupation, Laborer
10. Father's Birthplace, Sussex County Virginia

Name of Medical Attendant, or other person who makes this Return. Sarah Rollins

Address, 1610 Vincent avenue Baltimore

Remarks,

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 17397

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* December 24th 1884
4. *Place of Birth, (Street and Number)* 13 Chestnut Ave
5. *Full Name of Mother,* Mary E. Litsinger
6. *Mother's Maiden Name,* Brown
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Charles Litsinger
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return. R. B. Norment M.D.

Address, 320 Falls Road

Remarks,

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neither fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17598

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, December 25th 1889
4. Place of Birth, (Street and Number) 111 Fourth St.
5. Full Name of Mother, Margie E. Walls
6. Mother's Maiden Name, Baller
7. Mother's Birthplace, Maryland
8. Full Name of Father, Chas. H. Walls
9. Father's Occupation, Engineer
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return. R. B. Vonment M.D.

Address, 324 Falls Road

Remarks, Christmas Gift.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 1st 599.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. Sex, (state whether male or female)	female
2. Race or Color, (if not of the white race)	
3. Date of Birth,	Dec 25th 1889
4. Place of Birth, (Street and Number)	Baltimore City 708 Lumbury St
5. Full Name of Mother,	Mary Seller
6. Mother's Maiden Name,	Mary Smith
7. Mother's Birthplace,	Baltimore City
8. Full Name of Father,	Eidward Seller
9. Father's Occupation,	Brick layer
10. Father's Birthplace,	Baltimore City
Name of Medical Attendant, or other person who makes this Return.	Mrs M Shaffer
Address,	No 716 West St
Remarks,	

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17605

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	December 26th 1889
4. *Place of Birth, (Street and Number)*	1817 Walsh Street
5. *Full Name of Mother,*	Henrietta Linker
6. *Mother's Maiden Name,*	Henrietta Helbrig
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Frederick Linker
9. *Father's Occupation,*	Driver
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs Anna Wesenfeld
Address,	643 N. Bethel St
Remarks,	

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the following certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A. 17601

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) No 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 26 Dec. 1889
4. Place of Birth, (Street and Number) 616 Cedar St
5. Full Name of Mother. Emma McDuey
6. Mother's Maiden Name, Emma Johnson
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Charles McDuey
9. Father's Occupation, Ice Cooker
10. Father's Birthplace. West Indies

Name of Medical Attendant, or other Person who makes this Return Mindy Taylor Midwife

Address, 616 762 Sarah St

Remarks,

J. C. DALANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17602

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* December 26th 1879
4. *Place of Birth, (Street and Number)* 417 Falls Road
5. *Full Name of Mother,* M. Agnes Shipley
6. *Mother's Maiden Name,* Shipley
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Unknown
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. R. B. Norment M.D.

Address, 320 Falls Road

Remarks, Illegitimate Premature birth 7½ months

SECTION 7.—And be it further enacted and ordained, that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17603

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex, (state whether ~~male or~~ female)
2. Race or Color, (if not of the white race) White
3. Date of Birth, December 26th 1889
4. Place of Birth, (Street and Number) N. Caroline St Nº 205
5. Full Name of Mother, Agnes McNeive
6. Mother's Maiden Name, Agnes McKewen
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Thomas McNeive
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, Mary E. Müller

Address, N. Dallas St Nº 114

Remarks,

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

B 17604

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	11 Child.
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Dec 26 — 1889.
4. *Place of Birth, (Street and Number)*	1036 Charles st.
5. *Full Name of Mother,*	Mary Myer.
6. *Mother's Maiden Name,*	Onkelbach.
7. *Mother's Birthplace,*	Germany.
8. *Full Name of Father,*	John Myer.
9. *Father's Occupation,*	Cooper.
10. *Father's Birthplace,*	Switzerland.
Name of Medical Attendant, or other person who makes this Return.	J. Lohrvasser. Midwife.
Address,	1032 Hanover st.
Remarks,	

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 17605

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white race
3. *Date of Birth,* December the 27th
4. *Place of Birth, (Street and Number)* Baltimore sharp St 1111
5. *Full Name of Mother,* sara Baker
6. *Mother's Maiden Name,* guthrie Baker
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* gorge Baker
9. *Father's Occupation,* peirnoner Maker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Elizabeth Hathorn

Address, 1514 Light St

Remarks,

SECTION 1. And be it enacted, That no person shall be allowed to practice midwifery for hire, gain or reward, or under the pretence of being skilled in midwifery, in the city of Baltimore, without a certificate from the Commissioner of Health of the said city, that he or she has been examined touching his or her competency to practice midwifery, and has been found duly qualified for the same; and any person who shall practice midwifery for hire, gain or reward, or under the pretence of being skilled in midwifery, without such certificate, shall forfeit and pay for every such offence a sum not exceeding fifty dollars, to be recovered before any court of competent jurisdiction in the said city.

SECTION 2. And be it enacted, That every midwife, physician or surgeon who shall hereafter take charge or superintendance a birth shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17606

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Two

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec. 27, 1889
4. *Place of Birth, (Street and Number)* 1314 E. Baltimore St
5. *Full Name of Mother,* Fannie Rife
6. *Mother's Maiden Name,* Stevenson
7. *Mother's Birthplace,* Philadilphia
8. *Full Name of Father,* George W. Rife
9. *Father's Occupation,* Manager Theatre
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return. Walter W. White, M.D.

Address, 1101 S Broadway

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 17607

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 Child.
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Dec 27 1889.
4. *Place of Birth, (Street and Number)*	1704 Bird st.
5. *Full Name of Mother,*	Mathilde Suffner.
6. *Mother's Maiden Name,*	Wagner.
7. *Mother's Birthplace,*	Germany.
8. *Full Name of Father,*	Louis Suffner.
9. *Father's Occupation,*	Cabinet-maker.
10. *Father's Birthplace,*	Germany.
Name of Medical Attendant, or other person who makes this Return.	J. Schwasser. Midwife.
Address,	1032 Hanover st.
Remarks,	

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

JAN 4 1890

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

D. 17608

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* December 28th 1889
4. *Place of Birth, (Street and Number)* 18 Gl. Edwards Ave
5. *Full Name of Mother,* Mary Burroughs
6. *Mother's Maiden Name,* Hurst
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* George H. Burroughs
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return. R. B. Norment M.D.

Address, 920 Falls Road.

Remarks,

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten 10 dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1890 DEC

A. 17609

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5'

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* December 28 th 1889
4. *Place of Birth, (Street and Number)* No 9 Shroder Street
5. *Full Name of Mother,* Anna Doyle
6. *Mother's Maiden Name,* Anna Jaggan
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Doyle
9. *Father's Occupation,* Blacksmith
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Catharine Mitchell

Address, No 848 West Pratt Street Baltimore

Remarks,

SECTION 7.—And be it further enacted and ordained, That every birth shall hereafter take place, shall keep a true and correct Baltimore under whose charge or superintendance a birth shall register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

17610

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6.
1. *Sex, (state whether male or female)*	Mgale
2. *Race or Color, (if not of the white race)*	Colored.
3. *Date of Birth,*	Dec. 28 1889.
4. *Place of Birth, (Street and Number)*	# 14 git Wday St.
5. *Full Name of Mother,*	V. Knight
6. *Mother's Maiden Name,*	V. Brown.
7. *Mother's Birthplace,*	Virginia
8. *Full Name of Father,*	W. Knight
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Virginia
Name of Medical Attendant, or other person who makes this Return.	M. A. Britt
Address,	# 1245 E. Monument St. cor. Central Ave.
Remarks,	All Well.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 17611

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) First child

1. *Sex*, (*state whether male or female*) Male

2. *Race or Color*, (*if not of the white race*) White

3. *Date of Birth* Dec 28th 1889

4. *Place of Birth*, (*Street and Number*) 1403 Argyle Ave

5. *Full Name of Mother*, Nellie Bennett

6. *Mother's Maiden Name*, E Whler

7. *Mother's Birthplace*, Baltimore Co Md

8. *Full Name of Father*, Frank Bennett

9. *Father's Occupation*, Stove dealer

10. *Father's Birthplace*, Frederick City Md

Name of Medical Attendant, or other Person who makes this Return. W E Brooks M.D.

Address, 1519 E Baltimore St

Remarks,

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the city of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A. 17612

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Dec 28th 1889
4. *Place of Birth, (Street and Number)*	402 Calvin Ave. Waverly Annex
5. *Full Name of Mother,*	Sarah D Sanders
6. *Mother's Maiden Name,*	" " Chilcoat
7. *Mother's Birthplace,*	Baltimore Co Md
8. *Full Name of Father,*	William H. Sanders
9. *Father's Occupation,*	Carpenter
10. *Father's Birthplace,*	Virginia.
Name of Medical Attendant, or other Person who makes this Return.	R. G. Rankin M. D.
Address,	~~Waverly~~ 811 Jefferson Ave. Waverly. Balto. Md.
Remarks,	

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 7.—Any person in charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1890

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 th

A. 1761

1. Sex, (state whether male or female) Female
2. Race or color, (if not of the white race) Colored
3. Date of Birth, Dec 28th 1889
4. Place of Birth, (Street and Number) Johns lane Baltimore city
5. Full Name of Mother, Fannie V Williams
6. Mother's Maiden Name, Fannie V Staples
7. Mother's Birthplace, Scottsville Virginia
8. Full Name of Father, Thos Thomas Williams
9. Father's Occupation, Laborer
10. Father's Birthplace, Carrol Baltimore County Md

Name of Medical Attendant, or other person who makes this Return. Elizabeth Wickes

Address, Carroll st Baltimore city

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17614

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) white
3. Date of Birth, December 28 1889
4. Place of Birth, (Street and Number) Madai alley 497
5. Full Name of Mother, Maggie Miller
6. Mother's Maiden Name, Bishop
7. Mother's Birthplace, Germen
8. Full Name of Father, Charles Bishop
9. Father's Occupation, Labor
10. Father's Birthplace, Germen

Name of Medical Attendant, or other person who makes this Return. Mary Kopitz

Address,

Remarks, Washington 205

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the city of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shal' contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should the duty of the person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A. 17615

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

JAN 2 1895

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 te
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	28 th of December
4. *Place of Birth, (Street and Number)*	No 8 Browns Lane
5. *Full Name of Mother,*	Mary Haas
6. *Mother's Maiden Name,*	Mary Schäfer
7. *Mother's Birthplace,*	Hessen
8. *Full Name of Father,*	Anton Haas
9. *Father's Occupation,*	Bäcker
10. *Father's Birthplace,*	Hessen
Name of Medical Attendant, or other person who makes this Return.	Friederike Henler Midwife
Address,	2116 West Fort St
Remarks,	

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. Sex, (state whether male or female)	Female A. 17616
2. Race or Color, (if not of the white race)	Colored
3. Date of Birth,	23d December 1892
4. Place of Birth, (Street and Number)	34 Vincent Alley
5. Full Name of Mother,	Lizzie Mason
6. Mother's Maiden Name,	Lizzie Galloway
7. Mother's Birthplace,	North River
8. Full Name of Father,	Ellis Mason
9. Father's Occupation,	Cooper
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mary E. Richardson
Address,	313 King St
Remarks,	

SECTION 7—And be it further enacted, That every midwife, or other person under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17617

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec 28 th 1885

4. Place of Birth, (Street and Number) 718 Lemmon Street.

5. Full Name of Mother, Maggie Landers

6. Mother's Maiden Name, Maggie Wiemann

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Frank Landers

9. Father's Occupation, Oyster Shucker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Dr. Mary Evans

Address,

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A 7618

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, December 28th 1887

4. Place of Birth, (Street and Number) 310 S. Sharp St

5. Full Name of Mother, Emma Voly

6. Mother's Maiden Name, ( ) Hess

7. Mother's Birthplace, Germany

8. Full Name of Father, John Voly

9. Father's Occupation, Cabinet maker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Dr. W. Gombel

Address, 128 W. Lee St.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

O. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, 28th of December

4. Place of Birth, (Street and Number) 633 Campbell st

5. Full Name of Mother, Ida Chappell

6. Mother's Maiden Name, Ida Sterling

7. Mother's Birthplace, Nanticoke Md

8. Full Name of Father, Nathan Chappell

9. Father's Occupation, Waiter

10. Father's Birthplace, Mackens Via

Name of Medical Attendant, or other Person who makes this Return. Catherine Riley

Address, 1126 Russell St

Remarks,

A. 17619

under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 17670

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First 1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	December 28 th 1889
4. *Place of Birth, (Street and Number)*	260 Rudder Street
5. *Full Name of Mother,*	Annie Connelly
6. *Mother's Maiden Name,*	Annie Kain
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	Thomas Connelly
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Dr. Anna Wesenfeld
Address,	578 N. Wolfe Street
Remarks,	

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17621

JAN 4 1890

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* IIII
2. *Sex, (state whether male or female)* Girl
3. *Race or Color, (if not of the white race)* white
4. *Date of Birth,* Dezbr. 29th 1889.
5. *Place of Birth, (Street and Number)* S. Caestle Str. #235
6. *Full Name of Mother,* Mary Cook
7. *Mother's Maiden Name,* " Schultheis
8. *Mother's Birthplace,* Baltimore
9. *Full Name of Father,* William Schultheis
10. *Father's Occupation,* Carpenter
11. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. Buehler

Address, # 817 E. Lombard. mitpriis

Remarks,

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17627

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) A

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Dec 29/89
4. *Place of Birth, (Street and Number)* No 523 S. Chester St
5. *Full Name of Mother,* Lisbeth Samblin
6. *Mother's Maiden Name,* Friedrich
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Henry Samblin
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Louise Kraft

Address, No 405 S. Washington St.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17623

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sunday Dec 29th 1889
4. *Place of Birth, (Street and Number)* No. 26 Landwehr Lane
5. *Full Name of Mother,* Gertie Pennington
6. *Mother's Maiden Name,* Gertie Miller
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Henry Pennington
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. Catherine Doll

Address, No. 349 Bentalou St

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17624

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White Race
3. *Date of Birth,*	December the 29th
4. *Place of Birth, (Street and Number)*	Baltimore fort av 4.5
5. *Full Name of Mother,*	alverda johnson
6. *Mother's Maiden Name,*	Benner
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Ellsworth johnson
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Elizabeth Hathaway
Address,	1514 light st
Remarks,	

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 3-9-59

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17625

Walter Benjamin Hammel

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	Dec 29th 1889
4. *Place of Birth, (Street and Number)*	1506 E. Bond St.
5. *Full Name of Mother,*	Mary J. Hammel
6. *Mother's Maiden Name,*	Stout
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	Jacob B. Hammel
9. *Father's Occupation,*	Collector
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return.	S. H. Soldner M. D.
Address,	1501 E. Eager St
Remarks,	

JAN 3 1890

Register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17626

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Three ell female

1. *Sex, (state whether male or female)* female

2. *Race or Color, (if not of the white race)* Colored

3. *Date of Birth,* 29 of December

4. *Place of Birth, (Street and Number)* 1905 Chapel Court Baltimore 10th

5. *Full Name of Mother,* Jennie Tyler

6. *Mother's Maiden Name,* Jennie Wilson

7. *Mother's Birthplace,* Virginia

8. *Full Name of Father,* Philip Tyler

9. *Father's Occupation,* Laboring Man

10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other Person who makes this Return. Georgianna Webb

Address, 24 Iron Alley

Remarks,

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the latter or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17627

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, December 29. 1889.
4. Place of Birth, (Street and Number) 20 Marketspace
5. Full Name of Mother, Bessie Blonnstein
6. Mother's Maiden Name,
7. Mother's Birthplace, Europe
8. Full Name of Father, Moses Blonnstein
9. Father's Occupation,
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs Cecilie Bernath

Address, 122 S. Exeter st

Remarks,

register of such birth and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under the care during the month, and shall set forth as far as the same can be ascertained the full name of each child born, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or if no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Anna Marie Kratz

A. 17628

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (State whether male or female)* Female

2. *Race or color, (if not of the white race)*

3. *Date of Birth,* Dec 21st 1899

4. *Place of Birth, (Street and Number)* 201 Chester st.

5. *Full Name of Mother,* Anna Kraty

6. *Mother's Maiden Name,* " " Wolzer.

7. *Mother's Birthplace,* City

8. *Full Name of Father,* John. Kratz

9. *Father's Occupation,* Police Officer

10. *Father's Birthplace,* City

Name of Medical Attendant, or other person who makes this Return. Wm Alex Betz

Address, 1744 Bank st

GIVEN NAME ADDED.

Remarks, 6-10-52

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether male or female),	Female A. 17879
2. Race or Color (if not of the white race),	white
3. Date of Birth,	Dec. 27/89
4. Place of Birth (Street and Number),	# 1323 N. Edw st.
5. Full Name of Mother,	Fanny M. Moore
6. Mother's Maiden Name,	Fanny M. Shutt
7. Mother's Birthplace,	Balto. city
8. Full Name of Father,	William Moore
9. Father's Occupation,	Clerk
10. Father's Birthplace,	Balto. city
Name of Medical Attendant, or other person who makes this Return.	C. W. Mansfield M.D
Address,	129 S. Broadway
Remarks,	

more under whose charge or superintendence a birth shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 1/630

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* December 29
4. *Place of Birth, (Street and Number)* 609 Spring st
5. *Full Name of Mother,* Clem Slaughter
6. *Mother's Maiden Name,* Clem Fisher
7. *Mother's Birthplace,* Eastern Shore Maryland
8. *Full Name of Father,* James Slaughter
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Eastern Shore Maryland

Name of Medical Attendant, or other Person who makes this Return. Lucidny Woolford

Address, 2132 N. Register st

Remarks,

JAN 2 1900

under whose charge or supervision the same is to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

John Murray & Co., City Printers and Stationers.

RETURN OF A BIRTH

A 17631

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Female
2. *Race, (if not of the white race)*
3. *Date of Birth,* 29th Dec 1889
4. *Place of Birth, (Street and Number)* 15c18 Burrough St
5. *Full Name of Mother,* Ellen Belt
6. *Mother's Maiden Name,* Sugars
7. *Mother's Birthplace,* Baltimore Co Md
8. *Full Name of Father,* William Belt
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Hanover Co Md

Name of Medical Attendant, or other person who makes this Return. Elizabeth Jennell

Address, 5c16 Front Ave

Remarks,

Baltimore under whose charge or supervision a birth occurs, to be furnished by the Commissioner of Health, to be filled by the Physician, Midwife or other person in attendance at such birth, and to be returned to the office of the Registrar of Vital Statistics, Board of Health. Every practitioner of midwifery, or should no other person be in attendance, upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

over

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 17632

No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~) 3rd Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 29th 1889
4. Place of Birth, (Street and Number) 2132 Jefferson Place
5. Full Name of Mother, Elizabeth King
6. Mother's Maiden Name, " Bayless
7. Mother's Birthplace, Baltimore City Md
8. Full Name of Father, Charles F King
9. Father's Occupation, Shop Clerk M & O R R Co
10. Father's Birthplace, Penn

Name of Medical Attendant, or other person who makes this Return. Thurlow Cooke MD

Address, 914 St Charles St

Remarks, Name of child: Charles Fisher King Jr

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registry of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Baltimore under whose charge a child is supposed to be, shall enter the same on a blank schedule, to be furnished by the Commissioner of register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8"

A 17633

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 29
4. *Place of Birth, (Street and Number)* 726 Ramsey St
5. *Full Name of Mother,* Barbara Schmidt
6. *Mother's Maiden Name,* Barbara Hofschwingh
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Andreas Schmidt
9. *Father's Occupation,* Porter
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return,

Address, Hellmonda Schafer

Remarks, 624 So Paca St

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17634

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 2nd

1. *Sex,* (*state whether male or female*) Female
2. *Race or Color,* (*if not of the white race*) White
3. *Date of Birth,* Dec 29
4. *Place of Birth,* (*Street and Number*) 519 Columbia ave
5. *Full Name of Mother,* Laura Lupus
6. *Mother's Maiden Name,* Laura Weidler
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Lupus
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return.

Address, Hellegonda Clifton

Remarks, 641 So Paca st

Baltimore under whose care the same is supposed to be. The Commissioner of register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17635

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 or 4

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* b
3. *Date of Birth,* Dec 29, '89
4. *Place of Birth (Street and Number),* 302 Bethel Row
5. *Full Name of Mother,* Carrie Vandidge
6. *Mother's Maiden Name,* Carrie Jones
7. *Mother's Birthplace,* N. C.
8. *Full Name of Father,* Wm ~~Jones~~ Vandidge
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Va

Name of Medical Attendant, or other person who makes this Return. Jno W Brandenburg

Address, City Hospital

Remarks,

Midwife or other person having charge of any case of birth, or having knowledge of any birth, shall register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17636

Name of Child: Caroline Elizabeth Rose Eichel

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Dec 30/89
4. Place of Birth, (Street and Number) No 2200 Gough St
5. Full Name of Mother, Johanna Eichel
6. Mother's Maiden Name, Milke
7. Mother's Birthplace, Germany
8. Full Name of Father, Adolf Eichel
9. Father's Occupation, Coiler
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs. Louise Kraft

Address, No 405 S. Washington St.

Remarks,

on a blank schedule, to be furnished by the Commissioner of
register of such birth, and shall enter the name on a b
births which have occurred under his or her care during the
be ascertained the full name of each child, if any shall have
occupation of its parents, the date and place of birth, and the
practitioner in the form of a certificate between the first and
the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or pra
attendance upon the mother, immediately thereafter, it
child to report its birth to the Commissioner of Health, in
any such person or persons who shall hereafter fail to co
jected to the fine of ten (10) dollars for each offense, to be
recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Baltimore under whose charge or superintendance a birth shall take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17637

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* December the 30
4. *Place of Birth, (Street and Number)* 13 (0 1/2) Little Sheets. St -
5. *Full Name of Mother,* Maggie Miller
6. *Mother's Maiden Name,* Maggie Lippert.
7. *Mother's Birthplace,* Lemmen St. Balto
8. *Full Name of Father,* Joshua V Miller.
9. *Father's Occupation,* House painter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. Bandex

Address, 111 Cross St

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17638

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Dec 30th
4. *Place of Birth, (Street and Number)*	1019 S. Charles St
5. *Full Name of Mother,*	Maggie Schroder
6. *Mother's Maiden Name,*	" Mate,
7. *Mother's Birthplace,*	City
8. *Full Name of Father,*	Fred Schroder
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	City
Name of Medical Attendant, or other person who makes this Return.	L. Bond M.D
Address,	511 Hanover
Remarks,	

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17634.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec. 30/89
4. *Place of Birth, (Street and Number)* 926 Bevan st
5. *Full Name of Mother,* Lena Kern
6. *Mother's Maiden Name,* Lena Rickards
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Geo. H Kern
9. *Father's Occupation,* Soda Water Bottler
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. Catherine Mingo

Address, 800 Leadenhall Street

Remarks,

a blank schedule, to be furnished by the Commissioner of
register of such birth, and shall enter the same on a bla
Health. This schedule shall contain a list of the births w
month, and shall set forth as far as the same can be ascer
been conferred) its sex, color, the full name and occupatio
said schedule shall be delivered, duly signed by the practit
third day of each and every month to the office of the Co
shall occur without the attendance of a physician or prac
attendance upon the mother, immediately thereafter, it sh
child to report its birth to the Commissioner of Health, wi
any such person or persons who shall hereafter fail to (XX
jected to the fine of ten (10) dollars for each offense, to be r
be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17640

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, 30th December 1889

4. Place of Birth, (Street and Number) 116 East Hill Street

5. Full Name of Mother, Jane Coburn

6. Mother's Maiden Name, Jane Mc Loughlin

7. Mother's Birthplace, Antrim Co Antrim Ireland

8. Full Name of Father, William Coburn

9. Father's Occupation, Labourer

10. Father's Birthplace, Glenavy Co Antrim Ireland

Name of Medical Attendant, or other person who makes this Return, Catherine Almyde

Address, 800 Leadenhall Street

Remarks,

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred during the month, and shall set forth as far as the same can be ascertained, the full name and occupation of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, and the place of birth; and the said schedule shall be delivered, duly signed by the practitioner or other person, to the Commissioner of Health within the first and third day of each and every month to the office of the Commissioner, at the City Hall. Where the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or shall occur in the absence of the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th A. 17641
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White.
3. *Date of Birth,*	3 / 11.
4. *Place of Birth, (Street and Number)*	1117 Winchester st
5. *Full Name of Mother,*	Rosa Emil
6. *Mother's Maiden Name,*	Rosa Lechner Baltimore.
7. *Mother's Birthplace,*	Wilhamsburg
8. *Full Name of Father,*	Becker
9. *Father's Occupation,*	Baltimore
10. *Father's Birthplace,*	Mrs Donnelly
Name of Medical Attendant, or other person who makes this Return.	1635 Wash'n St
Address,	
Remarks,	None

register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore under whose charge or superintendance a birth shall occur, to be furnished by the Commissioner of Health, and shall enter the same on a blank schedule to be furnished by the Commissioner of register of such birth, and shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten 10 dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 17642

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Dec 30th 1889
4. *Place of Birth, (Street and Number)*	1257 William St
5. *Full Name of Mother,*	Mary B Mckenny
6. *Mother's Maiden Name,*	" " Hanna
7. *Mother's Birthplace,*	Montgomery Co Md
8. *Full Name of Father,*	Chas R Mckenny
9. *Father's Occupation,*	Capt July Boat
10. *Father's Birthplace,*	Ballo Md
Name of Medical Attendant, or other person who makes this Return,	Theodore Cooke M.D.
Address,	914 N Charles St
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second (2)

1. *Sex (state whether male or female),* Female.
2. *Race or Color (if not of the white race),* White A. 17643
3. *Date of Birth,* Dec 30th 1889.
4. *Place of Birth (Street and Number),* Baltimore University Hospital.
5. *Full Name of Mother,* Emma Elizabeth Bartles.
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Pennsylvania (Pa.)
8. *Full Name of Father,* Ben. Graham.
9. *Father's Occupation,* Book Keeper.
10. *Father's Birthplace,* New York

Name of Medical Attendant, or other person who makes this Return. F. F. Baird and C. F. Oliveros.

Address, 21 to 29 N Bond St. Baltimore Md.

Remarks, Mother and Child doing nicely

register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 Children A. 17644
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	Dec 30
4. *Place of Birth, (Street and Number)*	Lambert St 533
5. *Full Name of Mother,*	Annie Ryan
6. *Mother's Maiden Name,*	Annie Kinner
7. *Mother's Birthplace,*	North Carolina
8. *Full Name of Father,*	Charles Ryan
9. *Father's Occupation,*	Waiter
10. *Father's Birthplace,*	Balto Co
Name of Medical Attendant, or other Person who makes this Return	Hazel Hammond
Address,	227 Arch St
Remarks,	Nothing

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. A 17640

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third {3d}

1. *Sex*, (state whether male or female) Male

2. *Race or Color*, (if not of the white race) White

3. *Date of Birth* Decr 30th 1889

4. *Place of Birth*, (Street and Number) 413 S Chester St

5. *Full Name of Mother*, Mary Rose

6. *Mother's Maiden Name*, Cumberland

7. *Mother's Birthplace*, Washington D.C.

8. *Full Name of Father*, John Rose

9. *Father's Occupation*, Bridge Builder

10. *Father's Birthplace*, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Dr E. Fooks M.D.

Address, 1519 E Baltimore St

Remarks,

Every Physician or Midwife in attendance upon a birth, and every person who shall report a birth to the Commissioner of Health, shall be furnished by the Commissioner of Health, with a blank schedule to be filled up as hereinafter provided, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17646

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Blk
3. *Date of Birth,* Decr. 30. 1889.
4. *Place of Birth, (Street and Number)* 911 Vincent alley
5. *Full Name of Mother,* Annie Adams
6. *Mother's Maiden Name,* Annie Adams
7. *Mother's Birthplace,* Balto Co.
8. *Full Name of Father,* John Gordon,
9. *Father's Occupation,* Prof Music
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return, Dr. W. J. Chappell,

Address, # 1351, N. Gilmore St.

Remarks,

a blank schedule, to be furnished by the Commissioner of ... of such birth and shall enter the same on a bl... register of ... births which have occurred under his or her care during the ... Health. This schedule shall contain a list of the births ... ascertained the full name of each child, if any shall have ... month, and shall set forth as far as the same can be ascer... been conferred) its sex, color, the full name and occupatio... upation of its parents, the date and place of birth; and the ... said schedule shall be delivered, duly signed by the practit... practitioner in the form of a certificate between the first and ... third day of each and every month to the office of the Co... the Commissioner of Health. In case the birth of any child ... shall occur without the attendance of a physician or prac... r it shall become the duty of the person or parents of such ... attendance upon the mother, immediately thereafter it sh... be in ... child to report its birth to the Commissioner of Health, in ... th, in the manner and within the period above required, and ... any such person or persons who shall hereafter fail to co... to comply with the provisions of this section shall be sub... jected to the fine of ten (10) dollars for each offense, to be ... o be recovered as other fines and forfeitures are recovera...

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17647

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 30th December 1889
4. *Place of Birth, (Street and Number)* 412 Rowe Street
5. *Full Name of Mother,* Sadie Williams
6. *Mother's Maiden Name,* Sadie Williams
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Unknown
9. *Father's Occupation,* Unknown
10. *Father's Birthplace,* "

Name of Medical Attendant, or other Person who makes this Return. Mary J. Richardson

Address, 813 King St.

Remarks,

by the Commissioner of Health. This schedule shall contain a during the month, and shall set forth as far as the same can be conferred,) its sex, color, the full name and occupation of its shall be delivered, duly signed by the practitioner in the form of a month to the Office of the Commissioner of Health. In case the physician or practitioner of midwifery, or should no other person shall become the duty of the person or parents of such child, to ner and within the period above required, and any such person ons of this section, shall be subjected to the fine of ten (10) dollars are recoverable.

under whose charge the said schedule shall be furnished by the and shall enter the same on a blank schedule to be list of the births which have occurred under his or her care during ascertained the full name of each child (if any shall have been born parents, the date and place of birth, and the said schedule shall be certificate between the first and third day of each and every month birth of any child shall occur without the attendance of a Physician be in attendance upon the mother, immediately thereafter it shall report its birth to the Commissioner of Health, in the manner and or persons who shall hereafter fail to comply with the provisions of for each offence to be recovered as other fines and forfeitures are re

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17628.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12 M

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* December 30. 1889.
4. *Place of Birth, (Street and Number)* 920 E. Baltimore str
5. *Full Name of Mother,* Lina Myers
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* Herrman Myers
9. *Father's Occupation,*
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return. Mrs Cecilie Bernstein

Address, 122 S. Exeter

Remarks,

JAN 2 1890

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A17649

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* December 30. 89
4. *Place of Birth, (Street and Number)* 917 Edmondson Ave
5. *Full Name of Mother,* Lena Von Mitzel
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Albert Adt
9. *Father's Occupation,* Draftsman
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other Person who makes this Return Dellinger M D

Address, 919 Madison Ave

Remarks.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17650

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 30 Dec.
4. *Place of Birth, (Street and Number)* 335 Forrest St
5. *Full Name of Mother,* Louise Misterfeldt
6. *Mother's Maiden Name,* " Braeuer
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* Hermon Misterfeldt
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return. Mrs D. Ulrich

Address, 302 Holland St

Remarks,

Baltimore under whose charge or supervision the same on a blank schedule, to be furnished by the Commissioner of ... register of such birth, and shall enter the same on a ... Health. This schedule shall contain a list of the births which have occurred under his or her care during the ... month, and shall set forth as far as the same can be ascertained the full name of each child born, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the ... third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 17657

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
1. *Sex, (State whether male or female)*	male
2. *Race or color, (if not of the white race)*	white
3. *Date of Birth,*	Dec 11 30 — 89
4. *Place of Birth, (Street and Number)*	No 924 Boston st
5. *Full Name of Mother,*	Maggie Rogers
6. *Mother's Maiden Name,*	Ahearn
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Morkles Rogers
9. *Father's Occupation,*	Stevedore
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	Sarah T Harrington
Address,	No 924 Bismi st
Remarks,	

register of such birth, and shall enter the same [illegible] Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered [illegible] other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 17652

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Eighth
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	Dec 30th 1889
4. *Place of Birth, (Street and Number)*	607 N Calhoun St
5. *Full Name of Mother,*	Isabella Rothschild
6. *Mother's Maiden Name,*	Jacobs
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	Theodore Rothschild
9. *Father's Occupation,*	Insurance Agent
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	J H Feldner M.D.
Address,	1501 E. Eager St
Remarks,	

JAN 3 1890

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter neglect to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

a blank schedule, to be furnished by the Commissioner of
register of such birth, and shall enter the same on a bla
Health. This schedule shall contain a list of the births w
month, and shall set forth as far as the same can be ascer
been conferred) its sex, color, the full name and occupatio
said schedule shall be delivered, duly signed by the practit
third day of each and every month to the office of the Co
shall occur without the attendance of a physician or prac
attendance upon the mother, immediately thereafter it sh
child to report its birth to the Commissioner of Health, in
any such person or persons who shall hereafter fail to co
jected to the fine of ten (10) dollars for each offense, to be r

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17653

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 nd
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Dec 30, 1889
4. *Place of Birth, (Street and Number)*	Aisquith- St next to S.W. cor Orleans
5. *Full Name of Mother,*	Mary Peck
6. *Mother's Maiden Name,*	Island
7. *Mother's Birthplace,*	Balto city
8. *Full Name of Father,*	Stephen Peck
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	Baltimore City
Name of Medical Attendant, or other person who makes this Return.	W. W. White, M.D.
Address,	1101 E. Broadway
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

JAN 6 1890

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17624
3

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Dec 30/89
4. *Place of Birth, (Street and Number)*	N° 234 S. Madeira Alley
5. *Full Name of Mother,*	Mary Zahner
6. *Mother's Maiden Name,*	Sokroll
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John Zahner
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs. Louise Kraft
Address,	N° 405 S. Washington Ave.
Remarks,	

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RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh A. 17655

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* December 31st 1889
4. *Place of Birth, (Street and Number)* 619 Roland
5. *Full Name of Mother,* Sarah E. Hood
6. *Mother's Maiden Name,* Gimmon
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* David J. Hood
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return. R. B. Vonment M.D.

Address, 320 Falls Road

Remarks,

register of such birth, and shall enter the same on a blank Schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th A. 17667

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White race
3. *Date of Birth,* December the 30th 1932
4. *Place of Birth, (Street and Number)* Baltimore Cross St
5. *Full Name of Mother,* Mary E Holland
6. *Mother's Maiden Name,* Hubard
7. *Mother's Birthplace,* Marland
8. *Full Name of Father,* william H Holland
9. *Father's Occupation,* labour
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Elizabeth Hathorn

Address,

Remarks,

register of such birth, and shall enter the same on a bla
Health. This schedule shall contain a list of the births w
month, and shall set forth as far as the same can be ascer
been conferred) its sex, color, the full name and occupatio
said schedule shall be delivered, duly signed by the practi
third day of each and every month to the office of the Co
shall occur without the attendance of a physician or pract
attendance upon the mother, immediately thereafter, it sh
child to report its birth to the Commissioner of Health, in
any such person or persons who shall hereafter fail to co
jected to the fine of ten ($10) dollars for each offense, to be

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 1767

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (State whether male or female)*	male
2. *Race or color, (if not of the white race)*	colored
3. *Date of Birth,*	December 30 1889
4. *Place of Birth, (Street and Number)*	In the rear of Chestnut Street
5. *Full Name of Mother,*	Fannie Wallace
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Samuel Richardson
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Harriet Jackson attendant
Address,	137 East Street
Remarks,	

alth. This schedule shall contain a list of the births w
onth, and shall set forth as far as the same can be ascer
ch conferred, its sex, color, the full name and occupatio
id schedule shall be delivered, duly signed by the practi
ird day of each and every month to the office of the Co
all occur without the attendance of a physician or prac
tendance upon the mother, immediately thereafter it sh
ild to report its birth to the Commissioner of Health, in t
to comply with the provisions of this section shall be sub
y such person or persons who shall hereafter fail to co
cted to the fine of ten (10) dollars for each offence, to be re
be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17658

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child

1. *Sex, (state whether ~~male or~~ female)*

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* December 30th 1889

4. *Place of Birth, (Street and Number)* S. Caroline St No 39

5. *Full Name of Mother,* Mary Lammers

6. *Mother's Maiden Name,* Mary Lange

7. *Mother's Birthplace,* Baltimore City

8. *Full Name of Father,* John H. Lammers

9. *Father's Occupation,* Carpenter

10. *Father's Birthplace,* Bremen. Germany.

Name of Medical Attendant, or other person who makes this Return, Mary E. Müller

Address, N. Dallas St No 114

Remarks,

JAN 4 1890

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A17659

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Dec. 31st
4. *Place of Birth, (Street and Number)*	10 N. Washington st
5. *Full Name of Mother,*	Mendin McDonough
6. *Mother's Maiden Name,*	" Gouber
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Wm McDonough
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs Ulrika Goetzke
Address,	114 S Bond St.
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 17660

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Eight & 11
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	December 31st 1889
4. *Place of Birth, (Street and Number)*	1561 Kensington Place
5. *Full Name of Mother,*	Ella Baker
6. *Mother's Maiden Name,*	Ella McGee
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Elijah Baker
9. *Father's Occupation,*	Upholsterer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs Anna Meenzold
Address,	673 McCulloh Street
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 17661

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female.
2. *Race or color, (if not of the white race)*	White. Race.
3. *Date of Birth,*	Dec. 31/02
4. *Place of Birth, (Street and Number)*	No. 1291. William St
5. *Full Name of Mother,*	Minnie Higgins
6. *Mother's Maiden Name,*	Gibson
7. *Mother's Birthplace,*	Balto Md
8. *Full Name of Father,*	Philip. M. Wilson
9. *Father's Occupation,*	Iron. Moulder
10. *Father's Birthplace,*	Virginia
Name of Medical Attendant, or other person who makes this Return.	Annie. Geeggs
Address,	No. 1714. Light St
Remarks,	Yours. Respectfully

Register of such births, and to furnish to any one entitled thereto a certified copy thereof, on payment of the fee allowed by law. It shall be the duty of every midwife, or other person (except a physician or practitioner of medicine) who shall have attended upon the mother at the birth of any child, to enter the same on a blank which may be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17612

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* December 31 - 89
4. *Place of Birth, (Street and Number)* Garrett Av 1405
5. *Full Name of Mother,* Elise Engermann
6. *Mother's Maiden Name,* Wilks
7. *Mother's Birthplace,* Bremerhaven - Bremen
8. *Full Name of Father,* Arnold Engermann
9. *Father's Occupation,* Work B - O
10. *Father's Birthplace,* Bremermann

Name of Medical Attendant, or other person who makes this Return, Johanna Jonske

Address, Garrett Av 1363

Remarks, Locust Point

register of such birth and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17663

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* December 31-89
4. *Place of Birth, (Street and Number)* Euba St 1625
5. *Full Name of Mother,* Sophie Hortlander
6. *Mother's Maiden Name,* Tiemann
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles Hortländer
9. *Father's Occupation,*
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Johanna Jonske

Address, Garrett Ave 1363 Locust Point

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17662

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec. 31, 1889
4. *Place of Birth, (Street and Number)* 1935 E. Chase St
5. *Full Name of Mother,* Mary E. Jones
6. *Mother's Maiden Name,* Dinnis
7. *Mother's Birthplace,* Michigan
8. *Full Name of Father,* John Jones
9. *Father's Occupation,* Bricklayer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. W B White, M.D.

Address, 1101 S Broadway

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

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Baltimore under whose charge or superintendance a birth shall occur, shall enter the same on a blank schedule, to be furnished by the Commissioner of the register of such birth, and shall enter the same on a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17665

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Mulatto
3. *Date of Birth,*	Dec 31st 1869
4. *Place of Birth, (Street and Number)*	915 Saratoga
5. *Full Name of Mother,*	Mary Hilbert
6. *Mother's Maiden Name,*	Cook
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Chas - Hilbert
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	Chas E Stadler
Address,	1017 Druid Hill Ave
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

births which have occurred under his or her care during the
be ascertained the full name of each child, if any shall have
ccupation of its parents, the date and place of birth; and the
e practitioner in the form of a certificate between the first and
f the Commissioner of Health. In case the birth of any child
or practitioner of midwifery, or should no other person be in
fter it shall become the duty of the person or parents of such
alth, in the manner and within the period above required, and
il to comply with the provisions of this section shall be sub-
, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17666

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 4

1. *Sex,* (*state whether male or female*) Female
2. *Race or Color,* (*if not of the white race*)
3. *Date of Birth,* Dec 31 — 1889
4. *Place of Birth,* (*Street and Number*) 411 S. Central Av.
5. *Full Name of Mother,* Margaret E. Gibbson
6. *Mother's Maiden Name,* Quinn
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Gibbson
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return. Mary Stein

Address, 1427 E Pratt St.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 2d

A 7607

1. *Sex, (state whether male or female)* Female
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* Dec. 31
4. *Place of Birth, (Street and Number)* 509 W. West st.
5. *Full Name of Mother,* Maria Battenburg
6. *Mother's Maiden Name,* " Lipsey
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* William Battenburg
9. *Father's Occupation,* Piano Maker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. E. L. Baddenhop

Address, 418 S. Paca st.

Remarks,

ealth. This schedule shall contain a list of the births which have occurred under his or her care during the
onth, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have
en conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the
id schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
ird day of each and every month to the office of the Commissioner of Health. In case the birth of any child
all occur without the attendance of a physician or practitioner of midwifery, or should no other person be in
ttendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
hild to report its birth to the Commissioner of Health, in the manner and within the period above required, and
ny such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
cted to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 7668

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Dec 7th 1888
4. *Place of Birth, (Street and Number)*	145 E. Charles St.
5. *Full Name of Mother,*	Gellie Smith
6. *Mother's Maiden Name,*	Gellie Killey
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John Smith
9. *Father's Occupation,*	Breaksman
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	M. R. Masters
Address,	213 E. Heath St
Remarks,	Dorcy Wells

WM. J. C. DULAN & CO., CITY PRINTERS AND STATIONERS.

more under whose charge or superintendence a birth shall happen, shall enter the same on a blank schedule to be furnished by the Commissioner of Health, register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) No 1 girl first of 4 1/2 169

1. *Sex (state whether male or female),* Colored. female
2. *Race or Color (if not of the white race),* Colored
3. *Date of Birth,* December 9 1887.
4. *Place of Birth (Street and Number),* Balto. Md. Wheeler st 1335
5. *Full Name of Mother,* Mary E Lill.
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Essex Co Va.
8. *Full Name of Father,* Thomas A Bagwell.
9. *Father's Occupation,* Labor.
10. *Father's Birthplace,* SC Md. Co. Va.

Name of Medical Attendant, or other person who makes this Return. Marier Gorner.

Address, 1337 Wheeler st.

Remarks,

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st Child A 1670
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Dec. 13. 1889
4. *Place of Birth, (Street and Number)*	730 Hanover St.
5. *Full Name of Mother,*	Nora May Covell.
6. *Mother's Maiden Name,*	Nora May Conner
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Carolus Covell
9. *Father's Occupation,*	Tinner
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	M. R. Caskey
Address,	213 E. Heath St
Remarks,	Doing well.

which have occurred under his or her care during the
mined the full name of each child, if any shall have
of its parents, the date and place of birth; and the
ner in the form of a certificate between the first and
missioner of Health. In case the birth of any child
said schedule shall be delivered, duly signed by the practitioner in
third day of each and every month to the office of the Commissioner
shall occur without the attendance of a physician or practitioner it shall become
attendance upon the mother, immediately thereafter it shall be the duty of
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offense, to be recovered, with other fines and forfeitures are recoverable.

WM. J. C. DULAN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17671

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 6 December Dec't
4. *Place of Birth, (Street and Number)* 602 Rose St
5. *Full Name of Mother,* Martha Taylor
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Robert Taylor
9. *Father's Occupation,* Laboring
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Hester Adams

Address, 509 Preston Street

Remarks,

Baltimore under whose charge or superintendence a child shall be born, shall record the particulars required by the Commissioner of register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 17677

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex*, (state whether male or female) Male
2. *Race or Color*, (if not of the white race) Color
3. *Date of Birth* Dec 17, 1889.
4. *Place of Birth*, (Street and Number) 502 Chestnut street.
5. *Full Name of Mother*, Susan E Sankey.
6. *Mother's Maiden Name*,
7. *Mother's Birthplace*, City of Baltimore
8. *Full Name of Father*,
9. *Father's Occupation*, is dead
10. *Father's Birthplace*.

Name of Medical Attendant, or other Person who makes this Return. Ernest Hughes.

Address, No 131 Welcome Alley

Remarks, No Remarks.

John Murphy & Co., City Printers and Stationers.

births which have occurred under his or her care during the
be ascertained the full name of each child, if any shall have
ccupation of its parents, the date and place of birth; and the
e practitioner in the form of a certificate between the first and
f the Commissioner of Health. In case the birth of any child
or practitioner of midwifery, or should no other person be in
ner it shall become the duty of the person or parents of such
alth, in the manner and within the period above required, and
il to comply with the provisions of this section shall be sub-
. to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 Child. A 1767
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	December 17 th / 89
4. *Place of Birth, (Street and Number)*	#418 S. Monroe St.
5. *Full Name of Mother,*	Lillie Carson.
6. *Mother's Maiden Name,*	" " Parry.
7. *Mother's Birthplace,*	Balto. Co.
8. *Full Name of Father,*	George W. Carson
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore.
Name of Medical Attendant, or other person who makes this Return.	Annie Lansdown
Address,	#106. Monroe St.
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

B 17674

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Dec. 18 1889
4. *Place of Birth, (Street and Number)* 416 Myrtle Avenue
5. *Full Name of Mother,* Maria J Jenkins
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Washington D C
8. *Full Name of Father,* Wm H Jenkins
9. *Father's Occupation,* Barber
10. *Father's Birthplace,* Eastern Shore

Name of Medical Attendant, or other person who makes this Return, Hester Coleman

Address, 809 Preston Street

Remarks,

register of such birth and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 17675

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 18 of December 1889
4. *Place of Birth, (Street and Number)* 416 Cathedral St
5. *Full Name of Mother,* Mary Hamilton
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* John Hamilton
9. *Father's Occupation,* Catering
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Hester Costanza

Address, 609 Preston St

Remarks,

Blanks for the registration of births, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

D. 1676

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth* Dec 19. 1889.
4. *Place of Birth, (Street and Number)* 131 Welcome alley
5. *Full Name of Mother,* Egyle Trier
6. *Mother's Maiden Name,* ~~x~~
7. *Mother's Birthplace,* Nova Scotia
8. *Full Name of Father,*
9. *Father's Occupation,* Unknown
10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return. Emily Gallagher

Address, 131 Welcome alley

Remarks, No Remarks

and shall enter the same on a blank schedule to be furnished by the Commissioner of Health, and shall set forth as far as the same can be list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6. Child A. 17677

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, December 19th/89

4. Place of Birth, (Street and Number) # 41 Wilkens St.

5. Full Name of Mother, Carrie Imhof

6. Mother's Maiden Name, " " Bach

7. Mother's Birthplace, Hessendarmstadt.

8. Full Name of Father, Henry Imhof.

9. Father's Occupation, Brickfinisher.

10. Father's Birthplace, Hessendarmstadt.

Name of Medical Attendant, or other person who makes this Return. Annie Lindner

Address, # 106. S. Conrad St.

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 17678

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 26 December 1889
4. *Place of Birth, (Street and Number)* 478 Preston St
5. *Full Name of Mother,* Ella Curtis
6. *Mother's Maiden Name,* [illegible] Pool
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Daniel Curtis
9. *Father's Occupation,* Laboring
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Hester E Stone

Address, 509 Preston Street

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

A. 17679

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th "
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	Dec. 20. 89
4. Place of Birth (Street and Number)	815 Parrish alley
5. Full Name of Mother	Emma Gibson
6. Mother's Maiden Name	Emma Jamison
7. Mother's Birthplace	Charles Co Md
8. Full Name of Father	Walter gibson
9. Father's Occupation	Waiter
10. Father's Birthplace	Eastern Md
Name of Medical Attendant, or other Person who makes this Return.	H. Boyd Baltic M.D
Address	619 N. Calhoun st
Remarks	

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th Child. A 17680
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	December 21st 89
4. *Place of Birth, (Street and Number)*	# 732 N. Baltimore St.
5. *Full Name of Mother,*	Mollie Meyer
6. *Mother's Maiden Name,*	" Lane
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John Meyer
9. *Father's Occupation,*	Shoemaker
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Annie Lindner
Address,	# 10 S. Monroe St.
Remarks,	

which have occurred under his or her care during the
ained the full name of each child, if any shall have
n of its parents, the date and place of birth; and the
oner in the form of a certificate between the first and
nmissioner of Health. In case the birth of any child
itioner of midwifery, or should no other person be in
all become the duty of the person or parents of such
he manner and within the period above required, and
apply with the provisions of this section shall be sub-
ecovered as other fines and forfeitures are recoverable.

Health. This schedule shall contain a list of the births which
month, and shall set forth as far as the same can be ascertained
been conferred) its sex, color, the full name and occupation of it
said schedule shall be delivered, duly signed by the practitioner
third day of each and every month to the office of the Commiss
shall occur without the attendance of a physician or practitione
attendance upon the mother, immediately thereafter it shall be
child to report its birth to the Commissioner of Health, in the ma
any such person or persons who shall hereafter fail to comply w
jected to the fine of ten (10) dollars for each offense, to be recov

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RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 7681

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 21 Dec. 1889
4. *Place of Birth, (Street and Number)* 1312 Hanover St.
5. *Full Name of Mother,* Matilda Cordery
6. *Mother's Maiden Name,* Matilda Martinez
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Cordery.
9. *Father's Occupation,* Cabinet makes.
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. M. R. Caskey

Address, 21[3] E. Heath St

Remarks, Living Well

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the name can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULAN & CO., CITY PRINTERS AND STATIONERS

births which have occurred under his or her care during the
be ascertained the full name of each child, if any shall have
ccupation of its parents, the date and place of birth; and the
practitioner in the form of a certificate between the first and
the Commissioner of Health. In case the birth of any child
or practitioner of midwifery, or should no other person be in
ter it shall become the duty of the person or parents of such
lth, in the manner and within the period above required, and
il to comply with the provisions of this section shall be sub-
to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 17682

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* December 22nd 89
4. *Place of Birth, (Street and Number)* # 338 S. Stricker St.
5. *Full Name of Mother,* Annie Musgrove
6. *Mother's Maiden Name,* " Hetlinger
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* Harry Musgrove
9. *Father's Occupation,* Brick Maker
10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other person who makes this Return. Annie Lindner

Address, # 106. S. Monroe St.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A17683

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	December 23rd/89
4. *Place of Birth, (Street and Number)*	# 1731 N. Lombard St.
5. *Full Name of Mother,*	Mary L. Conradi
6. *Mother's Maiden Name,*	" D " Harrison
7. *Mother's Birthplace,*	Howard Co.
8. *Full Name of Father,*	Henry Conradi
9. *Father's Occupation,*	Shoemaker
10. *Father's Birthplace,*	Balto. Md.
Name of Medical Attendant, or other person who makes this Return.	Annie Lindner
Address,	#106. S. Monroe St.
Remarks,	

Births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 17824

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	15 Child.
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	December 25 th. 89.
4. *Place of Birth, (Street and Number)*	#1833 N. Lombard
5. *Full Name of Mother,*	Bertha Dietrich.
6. *Mother's Maiden Name,*	" " Eiermann.
7. *Mother's Birthplace,*	Baltimore.
8. *Full Name of Father,*	John Dietrich.
9. *Father's Occupation,*	Collector Balto. Brewing Co.
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Annie Lindner
Address,	#106. S. Monroe St.
Remarks,	

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

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JAN 9 1890

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 17685

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	December 24th 89
4. *Place of Birth, (Street and Number)*	1930 Edmondson Ave
5. *Full Name of Mother,*	Mary E Thornton
6. *Mother's Maiden Name,*	Mary E Sommerville
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	James S Thornton
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	Philadelphia
Name of Medical Attendant, or other person who makes this Return.	P. S. Fields M D
Address,	*642 N Fulton Ave
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A. 17686

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* W.

3. *Date of Birth,* Dec. 26th 1888. 1 for 1888 1 for 1889

4. *Place of Birth, (Street and Number)* Dumbarton ave, No 1 - New old York Road -

5. *Full Name of Mother,* Leaia Stokes Cummings

6. *Mother's Maiden Name,* " Stokes

7. *Mother's Birthplace,* "Linwood" Prince Edwards Co. Va -

8. *Full Name of Father,* William Cummings.

9. *Father's Occupation,* Minister

10. *Father's Birthplace,* Balto City.

Name of Medical Attendant, or other Person who makes this Return A. G. Heaver.

Address, 713 York Road.

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th A. 17687

1. Sex, (State whether male or female) female
2. Race or color, (if not of the white race) White
3. Date of Birth Dec 26 1884
4. Place of Birth, (Street and Number) 848 Frederick ave Ext
5. Full Name of Mother, Anna Matilda Knecht
6. Mother's Maiden Name, Anna Matilda Kleine
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Knecht
9. Father's Occupation, Brewer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. J B Medlow M.D.

Address, 931 Frederick Ave Ext

Remarks,

register of such Birth, and shall enter the same in a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such births. The Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

A 17688

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)	10th
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	Dec 26th 89
4. *Place of Birth, (Street and Number)*	1529 S. Chas. St
5. *Full Name of Mother,*	Maggie Merkert
6. *Mother's Maiden Name,*	Taylor
7. *Mother's Birthplace,*	Baltimore.
8. *Full Name of Father,*	Louis Merkert
9. *Father's Occupation,*	Cooper
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Dr L H Barclay M.D.
Address,	108 N. Conway St
Remarks,	

RETURN OF A BIRTH

e Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A1784

ild of Mother, (state whether 1st, 2d, 3d, &c.) 5ct

tate whether male or female) male

r Color, (if not of the white race) Colored

f Birth. dec 27 1859

f Birth, (Street and Number) Lorn St 1919

ame of Mother. Jane ~~Berry~~ Wilson

's Maiden Name, Jane Berry

's Birthplace, Va York Co

Name of Father. Jerry Wilson

's Occupation, hard labor

's Birthplace, Harford Co Md

of Medical Attendant, or other Person who makes this Return. mary daurty

s, 2002 Boleamen Ct

ks, no other recited

tioners.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 17690

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* female.
2. *Race or Color, (if not of the white race)* 25 December 1889
3. *Date of Birth,* 555 Oxford Street
4. *Place of Birth, (Street and Number)* Colored
5. *Full Name of Mother,* Lizzie Dennis
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Eastern Shore.
8. *Full Name of Father,* Wm Dennis
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Eastern Shore

Name of Medical Attendant, or other person who makes this Return. Hester Coleman

Address, 589 Preston Street

Remarks,

register of such birth, and shall enter the same on a ... births which have occurred under his or her care during the ... be ascertained the full name of each child, if any shall have ... month, and shall set forth as far as the same can be ascertained ... occupation of its parents, the date and place of birth, and the ... been conferred) its sex, color, the full name and occupation ... practitioner in the form of a certificate between the first and ... said schedule shall be delivered, duly signed by the practitioner ... third day of each and every month to the office of the Commissioner of Health. In case the birth of any child ... shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in ... attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such ... child to report its birth to the Commissioner of Health, in the manner and within the period above required, and ... any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

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births which have occurred under his or her care during the
be ascertained the full name of each child, if any shall have
occupation of its parents, the date and place of birth; and the
e practitioner in the form of a certificate between the first and
f the Commissioner of Health. In case the birth of any child
or practitioner of midwifery, or should no other person be in
ther it shall become the duty of the person or parents of such
alth, in the manner and within the period above required, and
il to comply with the provisions of this section shall be sub-
, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 1691

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Dec. 27th 1869.
4. *Place of Birth, (Street and Number)*	1829 E Fayette St.
5. *Full Name of Mother,*	Mary Virginia Slade
6. *Mother's Maiden Name,*	Knucks
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Josiah Slade.
9. *Father's Occupation,*	~~Farmer~~
10. *Father's Birthplace,*	Somerset Shire England.
Name of Medical Attendant, or other person who makes this Return.	Mrs. H. Knucks
Address,	1829 E Fayette St
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12 Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, December 28th 1899

4. Place of Birth, (Street and Number) 117 East York street

5. Full Name of Mother, Laura Jones

6. Mother's Maiden Name, Laura Compres

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Thomas Jones

9. Father's Occupation, fireman on steamboat

10. Father's Birthplace, Ardener

Name of Medical Attendant, or other Person who makes this Return. Annie N. Davis

Address, 1021 Peach alley 1st Hamburg and Eutaw

Remarks, The child is triple in one part

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. A. 17693

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, or who shall attend during labor, or who shall have knowledge of any case of birth occurring within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	December 28 - 1889
4. Place of Birth (Street and Number)	614 Mosher St
5. Full Name of Mother	Angie Farrell
6. Mother's Maiden Name	" Lane
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Thomas Farrell
9. Father's Occupation	Police officer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	C. Fawcett M.D.
Address	550 Mosher St.
Remarks	

RETURN OF A BIRTH

A 17694

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

This schedule shall contain a list of the births which have occurred under his or her care during the and shall set forth as far as the same can be ascertained the full name of each child, if any shall have nferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the hedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and y of each and every month to the office of the Commissioner of Health. In case the birth of any child ur without the attendance of a physician or practitioner of midwifery, or should no other person be in nce upon the mother, immediately thereafter it shall become the duty of the person or parents of such report its birth to the Commissioner of Health, in the manner and within the period above required, and h person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- o the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	Dec 29 1889
4. *Place of Birth, (Street and Number)*	Cor Broadway & Eliza
5. *Full Name of Mother,*	Mary F. Keefer
6. *Mother's Maiden Name,*	Mary F. Hubbard
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John H. Keefer
9. *Father's Occupation,*	Druggist
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	E. B. Noble MD
Address,	201 Warren av
Remarks,	

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17695

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	December 29th 1889
4. *Place of Birth, (Street and Number)*	1528 Druid Hill Avenue
5. *Full Name of Mother,*	Mary Catherine Lynch
6. *Mother's Maiden Name,*	Mary Catherine Winters
7. *Mother's Birthplace,*	Catonsville Baltimore Co: Md
8. *Full Name of Father,*	Constantine Thomas Lynch
9. *Father's Occupation,*	Farmer
10. *Father's Birthplace,*	Baltimore County Md
Name of Medical Attendant, or other person who makes this Return.	P. S. Field M.D
Address,	642 N Fulton Ave
Remarks,	

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

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be ascertained the full name of each child, if any shall have
occupation of its parents, the date and place of birth; and the
e practitioner in the form of a certificate between the first and
f the Commissioner of Health. In case the birth of any child
or practitioner of midwifery, or should no other person be in
ner it shall become the duty of the person or parents of such
alth, in the manner and within the period above required, and
il to comply with the provisions of this section shall be sub-
, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 17691

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	11th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Dec 29th 1859
4. *Place of Birth, (Street and Number)*	S. Durham St.
5. *Full Name of Mother,*	Hannah Jordan
6. *Mother's Maiden Name,*	Gilliss
7. *Mother's Birthplace,*	Pitt Co. N.C.
8. *Full Name of Father,*	John Jordan
9. *Father's Occupation,*	Cooper
10. *Father's Birthplace,*	Balt
Name of Medical Attendant, or other person who makes this Return.	Mrs A Knowles
Address,	1216 Pratt
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17697

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race)
3. Date of Birth, December 11th. 29th.
4. Place of Birth, (Street and Number) 2246 Lanvale Ave.
5. Full Name of Mother, Annie Maggie Wachter
6. Mother's Maiden Name, " " " " Hanna.
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, Charles Wachter.
9. Father's Occupation, Dairy Man.
10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other person who makes this Return. Mrs Knorr

Address, 1329 E Fallsway

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A 17698

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. *Sex* (state whether Male or Female) Male

2. *Race or Color* (if not of the white race) White

3. *Date of Birth* December 29 - 1889

4. *Place of Birth* (Street and Number) 611 Mosher St

5. *Full Name of Mother* Bernice Lewis

6. *Mother's Maiden Name* " Gohenhour

7. *Mother's Birthplace* West Virginia

8. *Full Name of Father* Gaulter Lewis

9. *Father's Occupation* Brakeman

10. *Father's Birthplace* W. Va

Name of Medical Attendant, or other Person who makes this Return. C. Fawcett. M.D.

Address 550 Mosher St

Remarks The father was killed on the B & O. R.R

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17699

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 30th 1889
4. *Place of Birth, (Street and Number)* No 803 Cross St
5. *Full Name of Mother,* Ellen Grady
6. *Mother's Maiden Name,* Evens
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* James Grady
9. *Father's Occupation,* Dryman
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs E Dumas

Address, No 1927 W Lombard St

Remarks,

Health. This schedule shall contain a list of the births which have occurred in each month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 1770

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	June 25 89
4. *Place of Birth, (Street and Number)*	23 Orchard St
5. *Full Name of Mother,*	Mary Owens
6. *Mother's Maiden Name,*	Mary Harris
7. *Mother's Birthplace,*	Va
8. *Full Name of Father,*	William Owens
9. *Father's Occupation,*	Carpenter
10. *Father's Birthplace,*	Md
Name of Medical Attendant, or other person who makes this Return.	Jane Scotland (Midwife)
Address,	
Remarks,	

Health. This schedule shall contain a list of the births which have occurred during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17701

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Feamal
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* December 30 1889
4. *Place of Birth, (Street and Number)* West Chase St No 6
5. *Full Name of Mother,* Mary goodfellow
6. *Mother's Maiden Name,* Mary Dewberry
7. *Mother's Birthplace,* Woodbatton England
8. *Full Name of Father,* Charls goodfellow
9. *Father's Occupation,* Coachman
10. *Father's Birthplace,* Ansbary England

Name of Medical Attendant, or other person who makes this Return, Thos. J. Carpenter

Address, 23 N. Poppleton St

Remarks,

Health. This Schedule shall be filled out as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

B 7752

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	Dec 30 1889
4. *Place of Birth, (Street and Number)*	1419 Henry St
5. *Full Name of Mother,*	Kate Caldwell
6. *Mother's Maiden Name,*	Kate Martin
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	John Caldwell
9. *Father's Occupation,*	Painter
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	H B Noble MD
Address,	301 Eastern Ave
Remarks,	City

Register of such births, and shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

Name: Frederick Stehle

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 1703

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Dec 31st 1889
4. *Place of Birth, (Street and Number)*	W. Baltimore St 1212 Balt Md.
5. *Full Name of Mother,*	Katie Stehle
6. *Mother's Maiden Name,*	Katie Hautenmeier
7. *Mother's Birthplace,*	Baltimore Md.
8. *Full Name of Father,*	Peter Stehle
9. *Father's Occupation,*	Shoemaker
10. *Father's Birthplace,*	Wurtemberg Germany
Name of Medical Attendant, or other person who makes this Return.	Susan Hunter
Address,	23 N Poppleton St
Remarks,	

Health. This Schedule shall contain a list of the children born in each month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 17704

No. of Child of Mother, (state whether ~~1st, 2d~~, 3d, &c.)	4th
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	Dec 31 St 89
4. *Place of Birth, (Street and Number)*	312 Hanover St
5. *Full Name of Mother,*	Alice Jenkins
6. *Mother's Maiden Name,*	Alice Hathaway
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	N. Baltzell Jenkins
9. *Father's Occupation,*	Lawyer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Dr Lancey H Barclay M.D.
Address,	108 N. Conway St
Remarks,	

register of such birth, and shall enter the same on a blank Certificate of Birth under his or her care during the Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17705

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 10-89
4. *Place of Birth, (Street and Number)* 1107 Hillen
5. *Full Name of Mother,* Mattie Ann Russell.
6. *Mother's Maiden Name,* Mattie A. Lynch.
7. *Mother's Birthplace,* Baltimore Co Md.
8. *Full Name of Father,* Richard Hinkle Russell.
9. *Father's Occupation,* Painter
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. W P Remy MD

Address, 621 E. Chase St

Remarks,

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Dec 11 - 89

4. *Place of Birth, (Street and Number)* 411 E. Eager St.

5. *Full Name of Mother,* Mary Snyder

6. *Mother's Maiden Name,* Mary Stefner

7. *Mother's Birthplace,* Baltimore Md.

8. *Full Name of Father,* Cassidy Snyder.

9. *Father's Occupation,* Laborer.

10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. W R Remy MD

Address, 051 E. Chase St

Remarks,

A 1776

JAN 11 1890

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been christened) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician, or practitioner it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the making of which report in the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A 17707

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, six days thereafter, stating distinctly the date of birth sex, and color of the child or children or their physical condition, whether still born or not, the full name, nativity, and residence parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	12th Dec. 1884
4. Place of Birth (Street and Number)	1406 Eutaw Place
5. Full Name of Mother	Julia Bell Wilkin
6. Mother's Maiden Name	Julia Bell Hurst
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Charles Austin Wilkin
9. Father's Occupation	Physician
10. Father's Birthplace	Middletown. New York
Name of Medical Attendant, or other Person who makes this Return.	E. Ridgely Parr M. D.
Address	1423 Bolton St
Remarks	

RETURN OF A BIRTH

17707

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	white race
3. *Date of Birth,*	December the 23th
4. *Place of Birth, (Street and Number)*	Baltimore Hamburg St 19
5. *Full Name of Mother,*	Sophrama Creighton
6. *Mother's Maiden Name,*	Blackeby
7. *Mother's Birthplace,*	Virginia
8. *Full Name of Father,*	garee Creighton
9. *Father's Occupation,*	Cigur Maker
10. *Father's Birthplace,*	Marland
Name of Medical Attendant, or other person who makes this Return.	Elizabeth Heathorn
Address,	1914 Light St
Remarks,	

Health. This schedule shall contain a list of [illegible] month, and shall set forth as far as the same can be ascertained, the name, if any, of the child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner or midwife, or a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

A. 17708

Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

State whether male or female) Female

Color (if not of the white race) White

Day of Birth Dec 30 1889

Place of Birth (Street and Number) 313 N. Eutaw St.

Name of Mother Marie Josephine Reeside

Mother's Maiden Name Marie Josephine Steinbrenner

Mother's Birthplace New York City

Name of Father Edwin Reeside

Father's Occupation Printing

Father's Birthplace Pennsylvania

Name of Medical Attendant, or other Person who makes this Return. Mrs. Ruth L. Cochran

Address 1206 N. Patterson Park Ave.

Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 17709

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* Dec. 30th 1889.
4. *Place of Birth, (Street and Number)* #838 Hillen St.
5. *Full Name of Mother,* Mary O'Dea.
6. *Mother's Maiden Name,* Gill.
7. *Mother's Birthplace,* Ireland.
8. *Full Name of Father,* Thomas O'Dea.
9. *Father's Occupation,* Laborer.
10. *Father's Birthplace,* Washington D. C.

Name of Medical Attendant, or other person who makes this Return, Wm. Dean Pullen

Address, #1038 E. Monument

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during th month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall hav been registered, sex, color, the full name and occupation of its parents, the date and place of birth; and th said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first an third day of each and every month to the office of the Commissioner of Health. In case the birth of any chil shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be i attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of suc child to report its birth to the Commissioner of Health, in the manner and within the period above required, an any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

JAN 22 1890

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

1889

Orig Certf missing
Copied out of Vol 10
17710 to 18130 incl

1890

Orig Certf # 18131 missing
Copied out of Vol 10

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 child A 18132

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White Race
3. *Date of Birth,* Born Jan 1st 1890
4. *Place of Birth, (Street and Number)* No 1812 W Pratt Str
5. *Full Name of Mother,* Mrs. L ~~Hattle~~ Linsenmeyer
6. *Mother's Maiden Name,* Miss L Haittle
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Mr John Linsenmeyer
9. *Father's Occupation,* Barber
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Hailler

Address, 927 West Pratt Str

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 18133

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* January 1900
4. *Place of Birth, (Street and Number)* N° 1412 Fairmount Ave
5. *Full Name of Mother,* Dina Brüggemann
6. *Mother's Maiden Name,* Kirchenmeister
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* August Brüggemann
9. *Father's Occupation,* Engineer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mrs. Louise Kraft

Address, N° 405 L. Washington Ave.

Remarks,

Health. This schedule shall contain a list of the children born of her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 18134

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or color, (if not of the white race) Colored
3. Date of Birth, January 1st 1890
4. Place of Birth, (Street and Number) No 119 Diamond St
5. Full Name of Mother, Ellen Braxton
6. Mother's Maiden Name,
7. Mother's Birthplace, Essex Co Va
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. Amelia Johnson

Address, 1024 Park Ave

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 18135

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* Jan 1st 1890
4. *Place of Birth (Street and Number),* Homestead. Balto Amer
5. *Full Name of Mother,* Elizabeth A Walther
6. *Mother's Maiden Name,* " Rauch
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Joseph A Walther
9. *Father's Occupation,* Night Watchman
10. *Father's Birthplace,* North Carolina

Name of Medical Attendant, or other person who makes this Return. H G Prentiss M D

Address, 403 Waverly Ave - Annex

Remarks,

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 18136

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex, (state whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White, race
3. *Date of Birth,*	Jan 1/90
4. *Place of Birth, (Street and Number)*	No. 1804 Light St
5. *Full Name of Mother,*	Margret Vogt
6. *Mother's Maiden Name,*	Tambch
7. *Mother's Birthplace,*	Prusia
8. *Full Name of Father,*	John H. Vogt.
9. *Father's Occupation,*	Butcher
10. *Father's Birthplace,*	Prusia
Name of Medical Attendant, or other person who makes this Return.	Bonnie Coons,
Address,	No. 1714 Light st.
Remarks,	

Health. This schedule must be filled out as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

A. 18137

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3th
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	Jan 1
4. *Place of Birth, (Street and Number)*	1535 Pennsylvania Ave
5. *Full Name of Mother,*	Agusta Honck
6. *Mother's Maiden Name,*	Agusta Winnebock
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Georg Honck
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs Donley
Address,	1631 Wolch St
Remarks,	None

JAN 18 [illegible]

Health. This schedule must be filled out as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 18138

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 1st Jan 1890
4. *Place of Birth, (Street and Number)* 15-23 Hanover St
5. *Full Name of Mother,* Ella Keyser
6. *Mother's Maiden Name,* Mountgomery
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles Keyser
9. *Father's Occupation,* Cigar Marker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Elizabeth Yewell

Address, 516 Fort Ave

Remarks,

Health. This schedule shall contain a list of the names of all children born within the limits of the city during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

JAN 2 1890

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A. 18139

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* January 1st 1890

4. *Place of Birth, (Street and Number)* 2109 Haugan al

5. *Full Name of Mother,* Rosina Smith

6. *Mother's Maiden Name,* Rosina Stoller

7. *Mother's Birthplace,* England

8. *Full Name of Father,* Richard Smith

9. *Father's Occupation,* Pilot

10. *Father's Birthplace,* England

Name of Medical Attendant, or other Person who makes this Return A. Tinsley M.D.

Address, 2029 St Paul St

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 18140

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1~

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Jan 1st 1896
4. *Place of Birth, (Street and Number)* 1618 Asquith St.
5. *Full Name of Mother,* Sophia Deis
6. *Mother's Maiden Name,* " Winter
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* John Deis
9. *Father's Occupation,* Painter
10. *Father's Birthplace,* Balto. Md

Name of Medical Attendant, or other person who makes this Return, Caroline Miller

Address, 1605 Walker st Balto. Md.

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh -

1. *Sex (state whether male or female),* Male A. 18141

2. *Race or Color (if not of the white race),* White

3. *Date of Birth,* Jan. 18t- 1890 -

4. *Place of Birth (Street and Number),* #2011. E. Pratt St.

5. *Full Name of Mother,* Ida E. Bowen,

6. *Mother's Maiden Name,* Ida E. Turner -

7. *Mother's Birthplace,* Prov. Rhode Island -

8. *Full Name of Father,* Josias S. Bowen

9. *Father's Occupation,* Comm. Merchant -

10. *Father's Birthplace,* Balto. Md

Name of Medical Attendant, or other person who makes this Return. S. L. Dashiell A. M. D.

Address, 700 S. Broadway -

Remarks, - Born 9.15 A.M. -

JAN 4 1890

This section must contain a list of the births ... and shall set forth as far as the same can be ascertained the full name of each child. If any shall have been concealed, its sex, color, the full name and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH

A 18142

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

JAN 4 1890

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 Child.
1.	*Sex, (state whether male or female)*	Female.
2.	*Race or Color, (if not of the white race)*	
3.	*Date of Birth,*	Jan 1 — 1890
4.	*Place of Birth, (Street and Number)*	335 Henrietta st.
5.	*Full Name of Mother,*	Mary Hippler.
6.	*Mother's Maiden Name,*	Ressel.
7.	*Mother's Birthplace,*	America.
8.	*Full Name of Father,*	John Hippler.
9.	*Father's Occupation,*	Cigar maker.
10.	*Father's Birthplace,*	America.
	Name of Medical Attendant, or other person who makes this Return.	J. Lohrasser. Midwife.
	Address,	1032 Hanover st.
	Remarks,	

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 18743.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~1~~ 2nd

1. *Sex, (state whether male or female)* ~~1~~ 6 male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Jan 1 1890
4. *Place of Birth, (Street and Number)* 1824 Collington Ave
5. *Full Name of Mother,* Maggie Rakofsky
6. *Mother's Maiden Name,* " Kzachevska
7. *Mother's Birthplace,* Poland
8. *Full Name of Father,* Charles Rakofsky
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Poland

Name of Medical Attendant, or other person who makes this Return, Caroline Miller

Address, 1605 Walker St. Balto Md.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

D. 181 14

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8 Child.
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Jan 2 — 1890.
4. *Place of Birth, (Street and Number)*	15 Hamburg st.
5. *Full Name of Mother,*	Maggie Schmidt.
6. *Mother's Maiden Name,*	Becker.
7. *Mother's Birthplace,*	America.
8. *Full Name of Father,*	Eckert Schmidt.
9. *Father's Occupation,*	Tailor.
10. *Father's Birthplace,*	Germany.
Name of Medical Attendant, or other person who makes this Return.	J. Lohnvasser. Midwife.
Address,	1032 Hanover st.
Remarks,	

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 18145

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jany 2d 1890
4. *Place of Birth, (Street and Number)* 1141 Whitlock
5. *Full Name of Mother,* Elizabeth Gardner
6. *Mother's Maiden Name,* Elizabeth Metz
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Wm Gardner
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return. Mrs Mary Brown

Address, 1131 Whitlock

Remarks,

reported by D. M. J. Chappell.

Health. This schedule shall contain a list of the births which have occurred during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 1-26-50

CERTIFICATE CORRECTED 1-26-50

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Emil August Paul Wehrmann A 18146

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) W
3. Date of Birth, June 2nd
4. Place of Birth, (Street and Number) No 659 W Pratt St
5. Full Name of Mother, Emilie Wehrmann
6. Mother's Maiden Name, " (Gradtke) Huedtke
7. Mother's Birthplace, Germany
8. Full Name of Father, Oscar P. T. (Emil) Wehrmann
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mary Harrigan

Address, 462 Scott St

Remarks,

re under whose charge or superintendence a birth shall hereafter take place, shall, within ... of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of ... This schedule shall contain a list of the births which have occurred under his or her care during the ... and shall set forth as far as the same can be ascertained the full name of each child, if any shall have ... nferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the ... edule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and ... y of each and every month to the office of the Commissioner of Health. In case the birth of any child ... cur without the attendance of a physician or practitioner of midwifery, or should no other person be in ... nce upon the mother, immediately thereafter it shall become the duty of the person or parents of such ... report its birth to the Commissioner of Health, in the manner and within the period above required, and ... h person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- ... o the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 18147

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	Jan 2 1890
4. *Place of Birth, (Street and Number)*	661 W Pratt St
5. *Full Name of Mother,*	Maggie Schweders
6. *Mother's Maiden Name,*	Lansmann
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Friedrick Schweders
9. *Father's Occupation,*	Tailor
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs M. Corrigan
Address,	412 Scott St
Remarks,	

This schedule shall contain a list of the births which have occurred [illegible] and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been ferred] its sex, color, the full name and occupation of its parents, the date and place of birth, and t[illegible] dule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and [illegible] of each and every month to the office of the Commissioner of Health. In case the birth of any child [illegible] ur without the attendance of a physician or practitioner of midwifery, or should no other person be [illegible] ce upon the mother, immediately thereafter it shall become the duty of the person or parents of such [illegible] report its birth to the Commissioner of Health, in the manner and within the period above required, a[illegible] person or persons who shall hereafter fail to comply with the provisions of this section shall be sub[illegible] the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

JAN 4 1890

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 18128

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd "
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	Jan 2nd " 90
4. *Place of Birth, (Street and Number)*	207 Hodgson St.
5. *Full Name of Mother,*	Mrs Anna Steuman
6. *Mother's Maiden Name,*	" Miss Stana
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	Michl Steuman
9. *Father's Occupation,*	Saloon Keeper
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other person who makes this Return	S. E. Cullinan M D
Address,	Pratt & Stricker Sts
Remarks.	Father was killed sometime ago in railroad accident.

Health. This schedule shall contain a true statement of the time and place of birth of each child, the full name of each parent, and the maiden name of the mother, so far as the same can be ascertained. The full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Mary Elizabeth Vey

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 — A. 18129.

1. *Sex*, (state whether male or female) Girl
2. *Race or Color*, (if not of the white race) white
3. *Date of Birth*, January 1- 1890
4. *Place of Birth*, (Street and Number) Garrett Av 1338
5. *Full Name of Mother*, Mary Vey
6. *Mother's Maiden Name*, Jackson
7. *Mother's Birthplace*, Baltimore Md
8. *Full Name of Father*, Francis Vey
9. *Father's Occupation*, Captain
10. *Father's Birthplace*, Southampton England

Name of Medical Attendant, or other person who makes this Return. Johanna Jonske

Address, GIVEN NAME ADDED 4-13-53 Garrett Av 1363

Remarks, h.w.m. Locust Point

register of such birth, and shall enter the same on a blank ... Health. This schedule shall contain a list of the births which ... month, and shall set forth as far as the same can be ascertained ... been conferred) its sex, color, the full name and occupation of ... said schedule shall be delivered, duly signed by the practitioner ... third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 18150

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) 1st

1. *Sex*, (*state whether male or female*) Male
2. *Race or Color*, (*if not of the white race*) Colored
3. *Date of Birth* January 2nd 1890
4. *Place of Birth*, (*Street and Number*) 550 St. Mary's St
5. *Full Name of Mother*, Alice E. Briscoe
6. *Mother's Maiden Name*, Johnson
7. *Mother's Birthplace*, Baltimore
8. *Full Name of Father*, Joseph Briscoe
9. *Father's Occupation*, Waiter
10. *Father's Birthplace*, St. Mary's Co., Md.

Name of Medical Attendant, or other Person who makes this Return. Eugene F. Cordell, M.D.

Address, 2111 Maryland Avenue

Remarks,

JAN 10 1890

...d by the Commissioner of Health. This schedule shall contain ... during the month, and shall set forth as far as the same can be ... been conferred,) its sex, color, the full name and occupation of its ... shall be delivered, duly signed by the practitioner in the form of a ... month to the Office of the Commissioner of Health. In case the ... physician or practitioner of midwifery, or should no other person ... shall become the duty of the person or parents of such child, to ... and within the period above required, and any such person ... visions of this section, shall be subjected to the fine of ten (10) dollars ... are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

A 18151

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third Child
1. *Sex (state whether male or female)*	female
2. *Race or Color (if not of the white race)*	white
3. *Date of Birth*	2nd day of January
4. *Place of Birth (Street and Number)*	No. 121 Durham St
5. *Full Name of Mother*	Mrs. Katie ~~Fuchslug~~ Fuchslug
6. *Mother's Maiden Name*	Mrs Katie Kauffer
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Mr. Ulrich Fuchslug
9. *Father's Occupation*	Schoemaker
10. *Father's Birthplace*	Thierheim Amtsgericht Bavaria
Name of Medical Attendant, or other Person who makes this Return.	
Address	
Remarks	Mrs. Mc. Thelen No 206 Madeira Alley

That any physician, accoucheur, midwife, or other person in charge, who shall neglect or refuse to report to the registrar aforesaid, within six days at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 18152

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 2nd 1876
4. *Place of Birth, (Street and Number)* No 334 Bartlett St
5. *Full Name of Mother,* Maggie Buligen
6. *Mother's Maiden Name,* Bell
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Henry Buligen
9. *Father's Occupation,* Printer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs E Dumay

Address, No 1921 W Lombard St

Remarks,

Health. This Schedule shall contain the full name of each child, if any shall have been ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 18133

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 7 of January 1890
4. *Place of Birth, (Street and Number)* 816 Gypsow St
5. *Full Name of Mother,* Georgia Sampson
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* James Sampson
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Balt.

Name of Medical Attendant, or other person who makes this Return, Dr Ester Cotanee

Address, 509 Preston Street

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 18154

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* January 2/96
4. *Place of Birth, (Street and Number)* N° 1612 Canton Av
5. *Full Name of Mother,* Maggie Krautsblatt
6. *Mother's Maiden Name,* Hilbringer
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* George Krautsblatt
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mrs. Louise Kuepf

Address, N° 405 S. Washington Av.

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioners of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the parents or parents of such child to report its birth to the Commissioner of Health, and in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 18155

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* colo
3. *Date of Birth,* Jan 2th 1890
4. *Place of Birth, (Street and Number)* 902 S Durham st,
5. *Full Name of Mother,* Susan Hill
6. *Mother's Maiden Name,* Edwards
7. *Mother's Birthplace,* An Arundel co
8. *Full Name of Father,* John Hall
9. *Father's Occupation,* Oyster shucker
10. *Father's Birthplace,* Anne Arundel co

Name of Medical Attendant, or other Person who makes this Return — Francis Anderson

Address, 115 McCubbin st

Remarks,

shorer of Health. This Certificate shall be prima facie evidence in all courts of the facts therein stated, the full name of each child as far as the same can be ascertained, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

FIRT & CO., CITY PRINTERS AND STATIONERS.

births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 18136

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan'y 21st 1890
4. Place of Birth, (Street and Number) 261 S. Caroline st
5. Full Name of Mother, Annie McLynn
6. Mother's Maiden Name, Boyle
7. Mother's Birthplace, Ireland
8. Full Name of Father, James McLynn
9. Father's Occupation, Fireman
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return. L D Waitkemeyer MD

Address, 25 S. Edenst

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Balto Jan 4 1890.

A 1815

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (State whether male or female)* Female.
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* Balto Jan 2. 1890.
4. *Place of Birth, (Street and Number)* 609 S. Register Street
5. *Full Name of Mother,* Caroline Morawsky
6. *Mother's Maiden Name,* Caroline Mattes
7. *Mother's Birthplace,* Germany.
8. *Full Name of Father,* Alexander Morawsky
9. *Father's Occupation,* Stevedore.
10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other person who makes this Return. Mrs Mary Amend

Address, 410 S. Wolfe St

Remarks,

JAN 5 1890

Health. This schedule shall contain a list of the births which have occurred since the last return of each child, (if any shall have occurred since the last return) as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 18158

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth 4 st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 2nd 1870
4. *Place of Birth, (Street and Number)*	1330 Stockton Street
5. *Full Name of Mother,*	Mary Kelly
6. *Mother's Maiden Name,*	Mary Mc Gardy
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Frederick Kelly
9. *Father's Occupation,*	Machinist
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other person who makes this Return,	Mrs Anna Abercrombie
Address,	678 Mc Henrie Street
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

E 18159

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th "

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* Jan 2nd " 1890
4. *Place of Birth (Street and Number),* 1300 Barclay & Annex
5. *Full Name of Mother,* Louisa Kaestner
6. *Mother's Maiden Name,* " Schmidt
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Earnest a Kaestner
9. *Father's Occupation,* Tinner
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return. H G Prentiss M D

Address, Waverly Ave # 403 - Annex

Remarks,

This schedule shall contain a list of the births ... child, (if any shall have been con-... and shall set forth as far as the same can be ascertained ... ferred, its sex, color, the full name and occupation of its par... shall be delivered, duly signed by the practitioner in the for... each and every month to the office of the Commissioner of Hea... the attendance of a physician or practitioner of midwifery, o... mother. Immediately thereafter it shall become the duty of the... the Commissioner of Health, in the manner and within the pe... who shall hereafter fail to comply with the provisions of this s... for each offence, to be recovered as other fines and forfeitures...

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 18160

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth.

1. *Sex, (State whether male or female)* Female.
2. *Race or color, (if not of the white race)* African. (Black).
3. *Date of Birth,* January 2nd 1887. - 1890.
4. *Place of Birth, (Street and Number)* # 2319 Mc Elderry.
5. *Full Name of Mother,* Mary E. Stanbury.
6. *Mother's Maiden Name,* Hadij E. Webb.
7. *Mother's Birthplace,* Philadelphia Pennsylvania.
8. *Full Name of Father,* William J. Stanbury.
9. *Father's Occupation,* Laborer.
10. *Father's Birthplace,* Kent Ireland.

Name of Medical Attendant, or other person who makes this Return. Dr. John Davis

Address, # 233. N. Chester St.

Remarks, Natural delivery.

Health. This schedule shall contain a list of the names of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 18161

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Jan 2, 1890
4. *Place of Birth, (Street and Number)* 2023 Morei St.
5. *Full Name of Mother,* Mary Ilber
6. *Mother's Maiden Name,* Trageser
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* Charles Ilber
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other person who makes this Return. Carolin Miller

Address, 1605 Walker St. Balto. Md.

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 18162

No. of Child of Mother, (state whether 1st, ~~2d, 3d,~~ &c.) 1st.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Jan. 3rd 1890
4. *Place of Birth, (Street and Number)* 2115 Madison Ave.
5. *Full Name of Mother,* Mary Louisa Fraunor
6. *Mother's Maiden Name,* Kilchenstein
7. *Mother's Birthplace,* Lavender Hill Balti Co
8. *Full Name of Father,* James Fraunor
9. *Father's Occupation,* Sanitary Plumber
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return. G A Keen M D

Address, 1610 Linden Ave Balto Md

Remarks,

Health. This schedule shall contain a list of the physi... month, and shall set forth as far as the same can be asc... been conferred) its sex, color, the full name and occupat... said schedule shall be delivered, duly signed by the pract... third day of each and every month to the office of the C... shall occur without the attendance of a physician or pr... attendance upon the mother, immediately thereafter it ... child to report its birth to the Commissioner of Health, ... any such person or persons who shall hereafter fail to c... jected to the fine of ten (10) dollars for each offense, to be ... Births which have occurred under his or her care during the ... be ascertained the full name of each child, if any shall have ... cupation of its parents, the date and place of birth; and the ... Practitioner in the form of a certificate between the first and ... the Commissioner of Health. In case the birth of any child ... or practitioner of midwifery, or should no other person be in ... it shall become the duty of the person, or parents of such ... lth, in the manner and within the period above required, and ... l to comply with the provisions of this section shall be sub- ... to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 18763

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colerd
3. *Date of Birth,* Jan ~~December~~ 3rd 1890
4. *Place of Birth, (Street and Number)* Hurey No 56
5. *Full Name of Mother,* alice white
6. *Mother's Maiden Name,* alice Warbington
7. *Mother's Birthplace,* Warbington
8. *Full Name of Father,* Harry Warbington
9. *Father's Occupation,* labour
10. *Father's Birthplace,* Warbington

Name of Medical Attendant, or other person who makes this Return, nurse Jane Wilson

Address, Hurey st No 115

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 18164

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* January 3 – 1890
4. *Place of Birth, (Street and Number)* Garrett Av 1329
5. *Full Name of Mother,* Sidonia Dietrich
6. *Mother's Maiden Name,* Wachs
7. *Mother's Birthplace,* Chemnitz - Sachsen
8. *Full Name of Father,* Walther Dietrich
9. *Father's Occupation,* Stevedor
10. *Father's Birthplace,* Chemnitz - Sachsen

Name of Medical Attendant, or other person who makes this Return. Johanna Jonske

Address, Garrett Av 1363

Remarks, Locust Point

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 18165

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* June 3rd 1890
4. *Place of Birth, (Street and Number)* Baltimore City
5. *Full Name of Mother,* June Smith
6. *Mother's Maiden Name,* Jane Backett
7. *Mother's Birthplace,* Fulton George Co
8. *Full Name of Father,* John Smith
9. *Father's Occupation,* laborer
10. *Father's Birthplace,* England

Name of Medical Attendant, or other person who makes this Return. Mrs M Shaffer

Address, No 716 West St

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 1816

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* January 3 90
4. *Place of Birth, (Street and Number)* N° 1804 Kloss Ann L 8.
5. *Full Name of Mother,* Annie Bickel
6. *Mother's Maiden Name,* Leibfirth
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Jakob Rickel
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mrs. Louise Krapf

Address, N° 405 S. Washington St.

Remarks,

Health. This schedule must be filled out as far as the same can be ascertained the full name of each child, if any, shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the case of the birth of any child and the third day of each and every month to the office of the Commissioner of Health. In case a certificate between the birth and shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 18167

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 3 of January 1890
4. *Place of Birth, (Street and Number)* 412 E Monument St
5. *Full Name of Mother,* Charity E Gymison
6. *Mother's Maiden Name,* " " Barnes
7. *Mother's Birthplace,* Charles Co
8. *Full Name of Father,* Robert Gymison
9. *Father's Occupation,* Waiter
10. *Father's Birthplace,* Charles Co.

Name of Medical Attendant, or other person who makes this Return, Hester Colaree

Address, 502 N Eden Street

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 18168

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Fry Jan 3d 1890
4. *Place of Birth, (Street and Number)* No 2165 Wilhelm St
5. *Full Name of Mother,* Margerette Fick
6. *Mother's Maiden Name,* Appel
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* George Fick
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Catherine Gold.

Address, No 349 Bentalou St

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A. 1869

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 3 1890
4. *Place of Birth, (Street and Number)* 1351 Andre St
5. *Full Name of Mother,* Annie ~~Dixon~~ Phillips
6. *Mother's Maiden Name,* Annie Dixon
7. *Mother's Birthplace,* England
8. *Full Name of Father,* Robert Phillips
9. *Father's Occupation,* Tin Smith
10. *Father's Birthplace,* England

Name of Medical Attendant, or other person who makes this Return. Mrs Ettel

Address, 1617 Cuba St Baltimore

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

D-1870

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second Child

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* June 6, 1890.

4. *Place of Birth, (Street and Number)* 1402, Lehmen St.

5. *Full Name of Mother,* Mary Elizabeth

6. *Mother's Maiden Name,* Brown

7. *Mother's Birthplace,* Balto. Co.

8. *Full Name of Father,* Ethelred

9. *Father's Occupation,* Stone Cutter

10. *Father's Birthplace,* Balto. Co. Md.

Name of Medical Attendant, or other Person who makes this Return. Dr. Gaw

Address, 1411 E. Baltimore

Remarks,

and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been born), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

A 18171

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 1st January 1890

4. Place of Birth, (Street and Number) No 1024 Clifton Place

5. Full Name of Mother, Lettie Childs

6. Mother's Maiden Name, Lettie Gent

7. Mother's Birthplace, Baltimore County

8. Full Name of Father, William Childs

9. Father's Occupation, Farmer

10. Father's Birthplace, Baltimore County

Name of Medical Attendant, or other person who makes this Return. Wm. Coly Lauer

Address, No 1059 Hanford Ave

Remarks, Balto

1890

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

A. 1870

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	The 2 Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	The 3 of January 1870
4. *Place of Birth, (Street and Number)*	No 102 Clifton Place
5. *Full Name of Mother,*	Ellie Ann Galvin
6. *Mother's Maiden Name,*	Ellie Knight
7. *Mother's Birthplace,*	Penn Dept.
8. *Full Name of Father,*	John F. Galvin
9. *Father's Occupation,*	Clerk.
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs Lauer
Address,	No 1059 Edmondson Ave
Remarks,	Baltimore 1870

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

A 18173

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 4 Child.

1. *Sex* (*state whether male or female*) Female.
2. *Race or Color* (*if not of the white race*) White race.
3. *Date of Birth* January 5 1890
4. *Place of Birth* (*Street and Number*) No. 1 B Dundalk Av
5. *Full Name of Mother* Kate Clouse
6. *Mother's Maiden Name* Kate Smith.
7. *Mother's Birthplace* in Germany.
8. *Full Name of Father* Joslip Clouse.
9. *Father's Occupation* Shoe maker.
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return.

Address Midwife Theresa Zeller No 538 Reddell Alley

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 18174

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* —
3. *Date of Birth,* January 3rd 1890
4. *Place of Birth, (Street and Number)* No 126 N Burke Str.
5. *Full Name of Mother,* Mary Miller
6. *Mother's Maiden Name,* McKenna
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* H. C. Miller
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Louisa Schultz

Address, No 528 N. Washington Str.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A 18175

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, *&c.*)	2nd " "
1. *Sex,* (*state whether male or female*)	Male
2. *Race or Color,* (*if not of the white race*)	White
3. *Date of Birth,*	Jan 3 1890
4. *Place of Birth,* (*Street and Number*)	1207 E Preston St
5. *Full Name of Mother,*	Sarah E. Taylor
6. *Mother's Maiden Name,*	" " Klean
7. *Mother's Birthplace,*	Baltimore City
8. *Full Name of Father,*	Benjamin F. Taylor
9. *Father's Occupation,*	Paper Hanger
10. *Father's Birthplace,*	Maryland
Name of Medical Attendant, or other Person who makes this Return	C. N. Thomas M.D.
Address,	1006 E Baltimore St
Remarks,	

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

A 18176

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* January 4/90
4. *Place of Birth, (Street and Number)* N° 506 Eastern Ave Baltimore
5. *Full Name of Mother,* Jennie Hamel
6. *Mother's Maiden Name,* Hill
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Hammel
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. Louise Kraft

Address, N° 405 S. Washington St.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 18177

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* — —
3. *Date of Birth,* Jan 4/90
4. *Place of Birth, (Street and Number)* No 512 Eager Str
5. *Full Name of Mother,* Minnie Goede
6. *Mother's Maiden Name,* Liffer
7. *Mother's Birthplace,* Homburg Ger
8. *Full Name of Father,* Gustav Goede
9. *Father's Occupation,* Confectioner
10. *Father's Birthplace,* Berlin Ger

Name of Medical Attendant, or other person who makes this Return. Mrs Louisa Schultz

Address, No 528 N Washington Str

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH A18177½

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th A.
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan 4, 1890
4. *Place of Birth, (Street and Number)*	Cuba St 1647.
5. *Full Name of Mother,*	Mary Moulley
6. *Mother's Maiden Name,*	Mary Kagern
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	Pat Moulley.
9. *Father's Occupation,*	Labear
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other person who makes this Return.	Mrs Ettel
Address,	1619 Cuba St
Remarks,	Baltimore

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained: the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 18178

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 5th 1890
4. *Place of Birth, (Street and Number)* Baltimore #2118 Frederick Ave
5. *Full Name of Mother,* Mrs Franziska Kramer
6. *Mother's Maiden Name,* Miss Bauer
7. *Mother's Birthplace,* Absberg Bayern
8. *Full Name of Father,* Andreas Kramer
9. *Father's Occupation,* Cabinet Maker
10. *Father's Birthplace,* Heimath Herzogenaurach Bayern

Name of Medical Attendant, or other person who makes this Return. Mrs Dillen

Address, #2127 W. Pratt St. City

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten 10 dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 child A 18179

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Jan 5th 1880
4. *Place of Birth, (Street and Number)* #2103 Galveston Ave.
5. *Full Name of Mother,* Mrs Pauline Lewicke
6. *Mother's Maiden Name,* Miss Pauline Haussman
7. *Mother's Birthplace,* Bayern
8. *Full Name of Father,* Mr John Lewicke
9. *Father's Occupation,* Worker
10. *Father's Birthplace,* Bayern

Name of Medical Attendant, or other person who makes this Return. Mrs Shiller

Address, #2127 West Pratt St.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 18180

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st "
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	Jan 5" 90
4. *Place of Birth, (Street and Number)*	1929 Hickens Ave
5. *Full Name of Mother,*	Mrs Annie Lechleider Whitford
6. *Mother's Maiden Name,*	" "
7. *Mother's Birthplace,*	Frederick Co, Md
8. *Full Name of Father,*	Joseph Whitford
9. *Father's Occupation,*	Jeweler
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return.	E. B. Ellerich M.D.
Address,	Pratt & Stricker Sts,
Remarks,	

register of such births and shall also furnish a list of the births which have occurred during the preceding month to the Board of Health. This schedule shall contain a list of the births which have occurred during the preceding month, if any shall have been conferred; its sex, color, the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A 18181

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One

1. Sex, (state whether male or female) mail

2. Race or Color, (if not of the white race) Colord

3. Date of Birth, Sept 5th

4. Place of Birth, (Street and Number) 72 Sterling St

5. Full Name of Mother, Elizabeth E Harris

6. Mother's Maiden Name, Ringgold

7. Mother's Birthplace, Cecil Co Md

8. Full Name of Father, William H Harris

9. Father's Occupation, Labr

10. Father's Birthplace. Baltimore Md

Name of Medical Attendant, or other Person who makes this Return Elizabeth Sayle

Address, Sterling St

Remarks,

...ANY & CO., CITY PRINTERS AND STATIONERS

...ore, shall report to the Registrar aforesaid, ... the City of Baltimore, within the time ... any case, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

GIVEN NAME ADDED, 12-5-6

RETURN OF A BIRTH

A 18182

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: David Alexander Manning

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 Children.

1. *Sex, (state whether male or female)* it is Male
2. *Race or Color, (if not of the white race)* Colored.
3. *Date of Birth,* January. 5. th 1870.
4. *Place of Birth, (Street and Number)* Shields alley No 1202
5. *Full Name of Mother,* Martha Manning
6. *Mother's Maiden Name,* Martha Banks
7. *Mother's Birthplace,* Charlottesville. Va.
8. *Full Name of Father,* Sandy. E Manning
9. *Father's Occupation,* Shoemaker
10. *Father's Birthplace,* Westmoland co. Va

Name of Medical Attendant, or other person who makes this Return. Mary Boysaw

Address, No 1023 Parrish alley

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 18183

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 5 th 1890
4. *Place of Birth, (Street and Number)* No 184 Eagle St
5. *Full Name of Mother,* Minnie Hardman
6. *Mother's Maiden Name,* Barret
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Theodore Hardmen
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. Mrs E Dumay

Address, No 1927 W Lombard St

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 18184

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* female

2. *Race or Color, (if not of the white race)* Colored

3. *Date of Birth,* Jan 5 1890

4. *Place of Birth, (Street and Number)* 129 Hoffman St

5. *Full Name of Mother,* Ida Shipley

6. *Mother's Maiden Name,* Ida Johnson

7. *Mother's Birthplace,* Carroll Co Md

8. *Full Name of Father,* Joseph Shipley

9. *Father's Occupation,* Waiter

10. *Father's Birthplace,* Catonsville Md

Name of Medical Attendant, or other person who makes this Return. F. D. Keller M.D

Address, 1033 McCulloh St

Remarks, Balto Md

births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULAN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 18185

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female
2. *Race or color, (if not of the white race)* Colored
3. *Date of Birth,* January 5th " 90
4. *Place of Birth, (Street and Number)* 805 George St
5. *Full Name of Mother,* Laura Thompson
6. *Mother's Maiden Name,* " Jones
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Andrew Thompson
9. *Father's Occupation,* Drayman
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return. Amelia Johnson

Address, 1024 Park ave

Remarks,

Health. ... month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A. 1988

No. of Child of Mother, (~~*state whether 1st*~~, 2*d*, ~~3*d*, &c.~~)

1. *Sex,* (~~*state whether male or female*~~)
2. *Race or Color,* (~~*if not of the white race*~~)
3. *Date of Birth,* Jan 6th 1895
4. *Place of Birth,* (Street and Number) 29 York St.
5. *Full Name of Mother,* Amelia Pupura
6. *Mother's Maiden Name,* " Rossi
7. *Mother's Birthplace,* Italy
8. *Full Name of Father,* Antonia Pupura
9. *Father's Occupation,* Fruit-Dealer
10. *Father's Birthplace,* Italy

Name of Medical Attendant, or other Person who makes this Return — Henry Herzberg M.D.

Address, 1102 E Balto St

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

ULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 18187

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 6th
4. *Place of Birth, (Street and Number)* 737 Pratt St
5. *Full Name of Mother,* Emilie Augermaier
6. *Mother's Maiden Name,* Emilie Lentsch
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Ferdinand Augermaier
9. *Father's Occupation,* Baker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Hellyondu Shipley

Address, 641 So Paca St

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

(A. 1818)

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1.

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* Colorede
3. *Date of Birth,* January. 6. 1890
4. *Place of Birth (Street and Number),* 544. Oxford Alley
5. *Full Name of Mother,* Susan Washington
6. *Mother's Maiden Name,* Susan Rhubarden
7. *Mother's Birthplace,* Carroll County Md
8. *Full Name of Father,* archie Washington
9. *Father's Occupation,* Porter
10. *Father's Birthplace,* New York

Name of Medical Attendant, or other person who makes this Return.

Address, Mary ann. Mason

Remarks, No 587. Walnut Alley Balto md

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One Child A 18189

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored Race
3. *Date of Birth,* Jan 4 1890
4. *Place of Birth, (Street and Number)* 903 S Sutter St.
5. *Full Name of Mother,* Minnie Bell Pinkett
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,* Easton Shore Md.
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return. Lucindia Bledsoe

Address,

Remarks,

list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

have occurred under his or her care during the
d the full name of each child, (if any shall have
its parents, the date and place of birth; and the
in the form of a certificate between the first and
ener of Health. In case the birth of any child
er of midwifery, or should no other person be in
come the duty of the person or parents of such
anner and within the period above required, and
with the provisions of this section shall be sub-
ered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Balto Jan 8. 1890.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex. (State whether male or female)* Female.

A. 1890

2. *Race or color, (if not of the white race)* White.

3. *Date of Birth,* Balto Jan 6. 1890.

4. *Place of Birth, (Street and Number)* 508 S. Washington St.

5. *Full Name of Mother,* Babara Lange.

6. *Mother's Maiden Name,* Babara Foelte.

7. *Mother's Birthplace,* Germany.

8. *Full Name of Father,* Joseph Lange.

9. *Father's Occupation,* Engineer.

10. *Father's Birthplace,* America.

Name of Medical Attendant, or other person who makes this Return. Mrs. Mary Amend.

Address, 410 S. Wolfe St.

Remarks, 42

GIVEN NAME ADDED 12-29-54

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Anna Gail D. 1819

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* —
3. *Date of Birth,* Jan 7 1890
4. *Place of Birth, (Street and Number)* No 1838 N Charles Str.
5. *Full Name of Mother,* Katie Gail
6. *Mother's Maiden Name,* na Ritz
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Edward Gail
9. *Father's Occupation,* Butcher
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Louise Schulte

Address, No 528 N Washington Str

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child A 1892

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 7/90
4. *Place of Birth, (Street and Number)* 48 Center Market Space (Rear)
5. *Full Name of Mother,* Mrs. Fannie Friedman
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,* Schaul Friedman
9. *Father's Occupation,* Shoemaker
10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return. J. C. Oklender Jr. Medical Student

Address, 1000 Aisquith St

Remarks,

and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been born), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 1893

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th
1. *Sex, (State whether male or female)*	male
2. *Race or color, (if not of the white race)*	white
3. *Date of Birth,*	Jan 8th 1890
4. *Place of Birth, (Street and Number)*	No 1737 Hanover street
5. *Full Name of Mother,*	Lidia Hudson
6. *Mother's Maiden Name,*	Lidia Fose
7. *Mother's Birthplace,*	Martinsburg Va
8. *Full Name of Father,*	George Hudson
9. *Father's Occupation,*	Conductor B. & O. R. R.
10. *Father's Birthplace,*	Baltimore Co Md
Name of Medical Attendant, or other person who makes this Return.	E. Hinton
Address,	No 1608 N. Charles St
Remarks,	

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

A 18194

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 9th January 1870 7:30 am
4. *Place of Birth, (Street and Number)* 241 S Dallas St Balto
5. *Full Name of Mother,* Henrietta Stevens
6. *Mother's Maiden Name,* Tolbert Cox md
7. *Mother's Birthplace,* Henrietta Gibson
8. *Full Name of Father,* George Washington Stevens
9. *Father's Occupation,* A Caterer
10. *Father's Birthplace,* Northampton Co Va

Name of Medical Attendant, or other Person who makes this Return. Mrs P. Hanson

Address, 422 South Dallas Street

Remarks,

and shall enter the same on a blank schedule to be furnished by the Commissioner of Health, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any) born alive within the district of such registrar during the month previous, and shall make return of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the street and number of the residence where such birth occurred. Such schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

A 1819

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	The 4 Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	The 10 of January 1870
4. *Place of Birth, (Street and Number)*	No 112 E Fayette St
5. *Full Name of Mother,*	Amelia Straty
6. *Mother's Maiden Name,*	Amelia Steiniger
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Henry Straty
9. *Father's Occupation,*	Brewer
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Dr. C. L. Sauer
Address,	No 1059 Hanford Cor
Remarks,	Balto Md
	1870

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

the births which have occurred under his or her care during the
an be ascertained the full name of each child, if any shall have
d occupation of its parents, the date and place of birth; and the
the practitioner in the firm of a certificate between the first and
e of the Commissioner of Health. In case the birth of any child
ian or practitioner of midwifery, or should no other person be in
reafter it shall become the duty of the person or parents of such
Health, in the manner and within the period above required, and
r fail to comply with the provisions of this section shall be sub-
nse, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 1896

No. of Child of Mother, (state whether ~~1st, 2d,~~ 3d, ~~&c.~~) 3rd Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jany 2nd 1890
4. *Place of Birth, (Street and Number)* 917 Hanover
5. *Full Name of Mother,* Ida F Shanitz
6. *Mother's Maiden Name,* Ida F Joiner
7. *Mother's Birthplace,* Da
8. *Full Name of Father,* Geo M Shanitz
9. *Father's Occupation,* Engraver
10. *Father's Birthplace,* Da

Name of Medical Attendant, or other person who makes this Return: Thurston Parker

Address, 914 N. Charles St.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 18197

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* Colored
3. *Date of Birth,* 3rd of Jan.
4. *Place of Birth (Street and Number),* 21 Saratoga St.
5. *Full Name of Mother,*
6. *Mother's Maiden Name,* Maggie Harman
7. *Mother's Birthplace,* Eastern Shore Virginia
8. *Full Name of Father,* Oscar Johnson
9. *Father's Occupation,* In a meat factory
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. Charity Jaynes

Address,

Remarks,

and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A 18198

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fifth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	3d Jan 1890.
4. Place of Birth (Street and Number)	2102 N. Calvert St.
5. Full Name of Mother	Mary Hodges Ridgely
6. Mother's Maiden Name	Mary Hodges Fiske.
7. Mother's Birthplace	Baltimore.
8. Full Name of Father	Joseph Graham Ridgely.
9. Father's Occupation	Travelling Salesman
10. Father's Birthplace	St Louis. Missouri
Name of Medical Attendant, or other Person who makes this Return.	E Ridgely Barnes M D
Address	1425 Bolton St
Remarks	

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 18199

No. of Child of Mother, (*state whether* ~~1st, 2d, 3d, &c.~~) 9th Child

1. *Sex,* (*state whether male or female*) Male
2. *Race or Color,* (*if not of the white race*) White
3. *Date of Birth,* January 6th 1890
4. *Place of Birth,* (*Street and Number*) 1423 H
5. *Full Name of Mother,* Eva Delcastie
6. *Mother's Maiden Name,* Eva Heyrauch
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Mosis Delcastie
9. *Father's Occupation,*
10. *Father's Birthplace,* Jamaca

Name of Medical Attendant, or other person who makes this Return, Thurlo Cooke

Address, 914 N Charles

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 18200

No. of Child of Mother, (state whether ~~1st, 2d,~~ 3d, &c.) Third Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jany 6th 1890
4. *Place of Birth, (Street and Number)* 1032 N. Broadway
5. *Full Name of Mother,* Florence E. Birkhead
6. *Mother's Maiden Name,* Florence E. Dull
7. *Mother's Birthplace,* Baltimore City Md
8. *Full Name of Father,* Stephen J Birkhead
9. *Father's Occupation,* Shirt Cutter
10. *Father's Birthplace,* Baltimore City Md

Name of Medical Attendant, or other person who makes this Return. Thad Cooke

Address, 914 N Charles St

Remarks,

JAN 13 1890

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A-8201

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 5th 1890
4. *Place of Birth, (Street and Number)* 1035 Mulberry St
5. *Full Name of Mother,* Margret Kelly
6. *Mother's Maiden Name,* Margret Mahoney
7. *Mother's Birthplace,* Burkes hill Virginia
8. *Full Name of Father,* John J Kelly
9. *Father's Occupation,* Policeman
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs Clemins Grad

Address, 1029 N. Saratoga St

Remarks,

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 18202

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* ~~Boy~~ Female

2. *Race or Color, (if not of the white race)* Coloured

3. *Date of Birth,* January 7th 1890

4. *Place of Birth, (Street and Number)* 153 East St

5. *Full Name of Mother,* Sadie Coleman

6. *Mother's Maiden Name,* Sadie Holton

7. *Mother's Birthplace,* Virginia

8. *Full Name of Father,* Samuel W. Coleman

9. *Father's Occupation,* Labor

10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Caroline Jordan

Address, 153 East St 117 Chestnut

Remarks, Well as can be Expected

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 18203

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	January 7 1890
4. *Place of Birth, (Street and Number)*	Rose Street 347
5. *Full Name of Mother,*	Sophia Murdock
6. *Mother's Maiden Name,*	Sophia Simms
7. *Mother's Birthplace,*	West River
8. *Full Name of Father,*	William Murdock
9. *Father's Occupation,*	Laber Work
10. *Father's Birthplace,*	West River Md
Name of Medical Attendant, or other Person who makes this Return.	Mrs Lewey Cornish
Address,	N 322 Rose street
Remarks,	

and shall enter the same on a blank schedule to be furnished by the Commissioner of Health, and shall set forth as far as the same can be list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 18204

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Seventh (7th) January 1890
4. *Place of Birth, (Street and Number)*	29 N. Eden St Balto. Md
5. *Full Name of Mother,*	Mary Grace Johns
6. *Mother's Maiden Name,*	Mary Grace Lowitte
7. *Mother's Birthplace,*	Balto Md.
8. *Full Name of Father,*	Wm J Johns
9. *Father's Occupation,*	Coal Miner
10. *Father's Birthplace,*	Balto Md
Name of Medical Attendant, or other person who makes this Return.	[redacted] Reynolds 211 N. St and
Address,	Mrs Hannah Knowles
Remarks,	1829 E. Pratt St.

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 18205

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eighth

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 8th 1890
4. *Place of Birth, (Street and Number)* Balto. Md. 242 S. Wolfe St.
5. *Full Name of Mother,* Frances Clemsen
6. *Mother's Maiden Name,* Frances Forsons
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Richard H. Clemsen
9. *Father's Occupation,* Police Officer
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs. Hannah Knowles

Address, No. 1829 E. Pratt Street

Remarks,

JAN 15 1890

register of such births, and shall enter in the same only such births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

on a blank schedule to be furnished by the Commissioner of
births which have occurred under his or her care during the
be ascertained the full name of each child, if any shall have
occupation of its parents, the date and place of birth; and the
practitioner in the form of a certificate between the first and
of the Commissioner of Health. In case the birth of any child
or practitioner of midwifery, or should no other person be in
ter it shall become the duty of the person or parents of such
alth, in the manner and within the period above required, and
il to comply with the provisions of this section shall be sub-
to be recovered as other fines and forfeitures are recoverable.

register of such birth, and shall enter the same on a
ealth. This schedule shall contain a list of the birth
month, and shall set forth as far as the same can be
been conferred) its sex, color, the full name and occu
said schedule shall be delivered, duly signed by the pra
third day of each and every month to the office of the
shall occur without the attendance of a physician or pr
attendance upon the mother, immediately thereafter
child to report its birth to the Commissioner of Health,
any such person or persons who shall hereafter fail to c
jected to the fine of ten (10) dollars for each offense, to be

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 1826

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colord
3. *Date of Birth,* January 9 th
4. *Place of Birth, (Street and Number)* 948 Howard Street
5. *Full Name of Mother,* Leatha Ford
6. *Mother's Maiden Name,* Leatha Allen
7. *Mother's Birthplace,* Sanirton Texas
8. *Full Name of Father,* Charles. E. Ford
9. *Father's Occupation,* Waiter
10. *Father's Birthplace,* Baltimore County

Name of Medical Attendant, or other person who makes this Return. Mrs sarah Duvall

Address, no 213 Jasper street

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 18207

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 17th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 9th 1890
4. *Place of Birth, (Street and Number)* Baltimore Md. 310 N. Schroeder St
5. *Full Name of Mother,* Catherine Ann [illegible] Keiser
6. *Mother's Maiden Name,* Catherine Ann Ferguson
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* John Keiser
9. *Father's Occupation,* Grocery Store
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. Mrs. Minnie Graf

Address, 1029 N. Saratoga St

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been registered; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Jan 10th 1890

4. *Place of Birth, (Street and Number)* 1015 Wolfe Ave

5. *Full Name of Mother,* Katie Schultz

6. *Mother's Maiden Name,* Katie Gunther

7. *Mother's Birthplace,* Baltimore Md.

8. *Full Name of Father,* Charles F. Schultz

9. *Father's Occupation,* Auctioneer

10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return, Wm. Maurice Graf

Address, 1029 Saratoga St.

Remarks,

A. 1808

John Murphy & Co., City Printers and Stationers.

GIVEN NAME ADDED 8-18-59

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Lewis Albert Radford Fourth — A 18209

1. Sex (state whether male or female), Male

2. Race or Color (if not of the white race), White

3. Date of Birth, January 10, 1870 —

4. Place of Birth (Street and Number), # 512 N. Castle St.

5. Full Name of Mother, Clara S. Radford —

6. Mother's Maiden Name, Clara S. Hopkins

7. Mother's Birthplace, Baltimore, Maryland.

8. Full Name of Father, Thomas Radford —

9. Father's Occupation, Hatter —

10. Father's Birthplace, England —

Name of Medical Attendant, or other person who makes this Return. A. Z. Barnicle Jr. M. D.

Address, 405 S. Broadway

Remarks, Born 2.15 P. M.

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers

births which have occurred under his or her care during the
be ascertained the full name of each child, if any shall have
occupation of its parents, the date and place of birth; and the
e practitioner in the form of a certificate between the first and
f the Commissioner of Health. In case the birth of any child
fter it shall become the duty of the person or parents of such
or practitioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it
child to report its birth to the Commissioner of Health,
any such person or persons who shall hereafter fail to
jected to the fine of ten (10) dollars for each offense

register of such birth, and shall enter the same in a
Health. This schedule shall contain a list of the birth
month, and shall set forth as far as the same can be ascertained
been conferred its sex, color, the full name and occupation
said schedule shall be delivered, duly signed by the practitioner
third day of each and every month to the office of the Commissioner of Health. In case no birth
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offense. Fines and forfeitures are recoverable.

JAN 13 1890

RETURN OF A BIRTH A. 18210

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th Child.
1. *Sex, (state whether male or female)*	Girl.
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	18th of January 1890.
4. *Place of Birth, (Street and Number)*	633 North Broad Street
5. *Full Name of Mother,*	Carline Kaller
6. *Mother's Maiden Name,*	Carline Rome.
7. *Mother's Birthplace,*	Baltimore.
8. *Full Name of Father,*	John Rome.
9. *Father's Occupation,*	Laborman
10. *Father's Birthplace,*	Germany.
Name of Medical Attendant, or other person who makes this Return.	Crescintia Kunkel
Address,	213 North Chapel St. per Justina Kunkel.
Remarks,	Healthy.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 18211

register of such birth, and shall enter the same on a blank schedule to be furnished by the Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)	First-Child
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan 11 1890
4. *Place of Birth, (Street and Number)*	317 W Lombard St
5. *Full Name of Mother,*	Lilla J Lee
6. *Mother's Maiden Name,*	Lilla J Vankeyor
7. *Mother's Birthplace,*	W Virginia
8. *Full Name of Father,*	Chas C Lee
9. *Father's Occupation,*	Agriculture
10. *Father's Birthplace,*	Ohio
Name of Medical Attendant, or other person who makes this Return.	Thurdelcoke MD
Address,	914 N Charles
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 18212

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 11th 1890.
4. *Place of Birth, (Street and Number)* 917 Argyle Ave
5. *Full Name of Mother,* Mary Ella Jump
6. *Mother's Maiden Name,* Mary Ella Whitaker
7. *Mother's Birthplace,* 5236 Green St. Baltimore.
8. *Full Name of Father,* Clarence K Jump
9. *Father's Occupation,* Physician
10. *Father's Birthplace,* Easton, Talbot Co. Md.

Name of Medical Attendant, or other person who makes this Return, C. K. Jump M.D.

Address, 917 Argyle Ave

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 18213

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 4 January 1890
4. *Place of Birth, (Street and Number)* 316 Marion street.
5. *Full Name of Mother,* Mary Mathias.
6. *Mother's Maiden Name,* Mary Bockstie.
7. *Mother's Birthplace,* Riemsloh, Germany.
8. *Full Name of Father,* Wilhelm Fd. Mathias
9. *Father's Occupation,* Drayer
10. *Father's Birthplace,* Borgholz Germany.

Name of Medical Attendant, or other person who makes this Return. Edward Stevens

Address, 23 W Pop[illegible]

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

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which have occurred under his or her care during the
ertained the full name of each child, if any shall have
on of its parents, the date and place of birth; and the
tioner in the form of a certificate between the first and
ommissioner of Health. In case the birth of any child
ctitioner of midwifery, or should no other person be in
shall become the duty of the person or parents of such
the manner and within the period above required, and
mply with the provisions of this section shall be sub-
recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eighth. A. 18214

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* Jan 7. 1890.
4. *Place of Birth, (Street and Number)* 209 N. Arlington Ave.
5. *Full Name of Mother,* Josephine Zittle
6. *Mother's Maiden Name,* Josephine Bachtel.
7. *Mother's Birthplace,* Indian Spring District, Washn Co Md.
8. *Full Name of Father,* Otho James Zittle.
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Zittlestown Washington Co Md

Name of Medical Attendant, or other person who makes this Return, Susan Bleistein

Address, 231 N Payson Ave

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

births which have occurred under his or her care during the
be ascertained the full name of each child, if any shall have
occupation of its parents, the date and place of birth; and the
practitioner in the form of a certificate between the first and
the Commissioner of Health. In case the birth of any child
or practitioner of midwifery, or should no other person be in
er it shall become the duty of the person or parents of such
lth, in the manner and within the period above required, and
il to comply with the provisions of this section shall be sub-
to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9 E A. 18213

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Jan 9th 90
4. *Place of Birth, (Street and Number)* 318 Penna Ave,
5. *Full Name of Mother,* Mary Cinnis
6. *Mother's Maiden Name,* Mary Dunn
7. *Mother's Birthplace,* Balto County
8. *Full Name of Father,* Harry Cinnis
9. *Father's Occupation,* Horse Shoer
10. *Father's Birthplace,* Baltimore County

Name of Medical Attendant, or other person who makes this Return. Susan Hinkley

Address, 23 N Pappleton St

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd A. 1870

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 10th 1890
4. *Place of Birth, (Street and Number)* 1014 Maldies Lt
5. *Full Name of Mother,* Wilhelmina Fugman
6. *Mother's Maiden Name,* " Lindig
7. *Mother's Birthplace,* Bavarien
8. *Full Name of Father,* Benedict Fugman
9. *Father's Occupation,* Machin hand
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Susan Hunter

Address, 234 N Payson St

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

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Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 18217

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 Child

1. *Sex, (state whether male or female)* Maidchen
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* den 11 Januar 1898
4. *Place of Birth, (Street and Number)* Preston Str No 1906
5. *Full Name of Mother,* Ema Henderson
6. *Mother's Maiden Name,* " Lewisen
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Ribbeck Henderson
9. *Father's Occupation,* Laber
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return.

Address, Maria Emma Mayer

Remarks, Biddle Str No 1933.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Dept A 18218

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, Jan 4 1890

4. Place of Birth, (Street and Number) 221 W Saratoga St.

5. Full Name of Mother, Lizzie Stemmerman

6. Mother's Maiden Name, Litz

7. Mother's Birthplace, Balto

8. Full Name of Father, John Stemmerman

9. Father's Occupation, Driver

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other Person who makes this Return. V L Norwood M.D.

Address, 939 W Fayette St.

Remarks,

The Physician or Midwife in attendance upon any case of birth is required to fill out a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, it shall be the duty of the person or parents of such child, to be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

A. 18219

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, and the first and attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* female
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* Jan 6th 1890
4. *Place of Birth, (Street and Number)* NE 1530 Byrd st
5. *Full Name of Mother,* Francis ~~Hoffman~~ Schafer
6. *Mother's Maiden Name,* Francis Herring
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Christian Schafer
9. *Father's Occupation,* Tanner
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Calvin Herring

Address, NE 1517 Byrd st

Remarks,

ed by the Commissioner of Health. This schedule shall contain
re during the month, and shall set forth as far as the same can be
been conferred,) its sex, color, the full name and occupation of its
shall be delivered, duly signed by the practitioner in the form of a
y month to the Office of the Commissioner of Health. In case the
Physician or practitioner of midwifery, or should no other person
it shall become the duty of the person or parents of such child to
ner and within the period above required, and any such person
sions of this section, shall be subjected to the fine of ten (10) dollars
es are recoverable.

and shall enter the same on a blank schedule to be furnished by
list of the births which have occurred under his or her care dur
ascertained the full name of each child (if any shall have been
parents, the date and place of birth, and the said schedule shall
certificate between the first and third day of each and every mon
birth of any child shall occur without the attendance of a Physi
be in attendance upon the mother, immediately thereafter it sha
report its birth to the Commissioner of Health, in the manner
or persons who shall hereafter fail to comply with the provisions
for each offense to be recovered as other fines and forfeitures are

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* January 6th 1890

4. *Place of Birth, (Street and Number)* 100 Florence St. Calverton

5. *Full Name of Mother,* Martha Moorhead

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,* Washington D C.

8. *Full Name of Father,* Robt Moorhead

9. *Father's Occupation,* Teamster

10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other Person who makes this Return, M. H Coates

Address, 1800 N. Balto St

Remarks,

A 18770

John Murphy & Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1827

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	Jan 6th 1890
4. *Place of Birth, (Street and Number)*	Winder
5. *Full Name of Mother,*	Anna ~~Carley~~ Anderson
6. *Mother's Maiden Name,*	Anna McCauley
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John Anderson
9. *Father's Occupation,*	Labourer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Catherine Hornung
Address,	N E 1517 Byrd St
Remarks,	

births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 18277

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 to
1. *Sex, (state whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	Jan 7th 1890
4. *Place of Birth, (Street and Number)*	№ 1035 Aliceal
5. *Full Name of Mother,*	Mary Meyer
6. *Mother's Maiden Name,*	Mary Blamer
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	John Meyer
9. *Father's Occupation,*	Carpenter
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Catherine Kenney
Address,	№ 1517 Byrd st
Remarks,	

WM. J. B. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 18273

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 8 ✓

1. *Sex*, (*state whether male or female*) Male ✓
2. *Race or Color*, (*if not of the white race*) — — —
3. *Date of Birth*, Jan. 11 / 90
4. *Place of Birth*, (*Street and Number*) № 932 Chester Str.
5. *Full Name of Mother*, Minnie Lahey
6. *Mother's Maiden Name*, nee Corey
7. *Mother's Birthplace*, Baltimore
8. *Full Name of Father*, James Raborg
9. *Father's Occupation*, Carpenter
10. *Father's Birthplace*, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Laura Shute

Address, № 528 N. Washington Str.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 1822

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	Jan 12th 1890
4. *Place of Birth, (Street and Number)*	No 324 Wagner St
5. *Full Name of Mother,*	Lillie Thienhold
6. *Mother's Maiden Name,*	Lillie Finn
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	August Thienhold
9. *Father's Occupation,*	Labourer
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Catherine Hennessy
Address,	No 15-17 Byrd St
Remarks,	

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 1874

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 2 90
4. *Place of Birth, (Street and Number)* 803 S Bond
5. *Full Name of Mother,* Kunegunde Puta
6. *Mother's Maiden Name,* "
7. *Mother's Birthplace,* Austria
8. *Full Name of Father,* Joseph Puta
9. *Father's Occupation,* Tanner
10. *Father's Birthplace,* Austria

Name of Medical Attendant, or other Person who makes this Return Anna Grobecourt

Address, 803 S Bond St

Remarks,

...ed by the Commissioner of Health. This schedule shall contain a ...an' shall enter the same on a blank schedule to be furnished by ... ...rs during the month, and shall set forth as far as the same can be ... list of the births which have occurred under his or her care dur... ...ascertained the full name of each child (if any shall have been ... ...shall be delivered, duly signed by the practitioner in the form of a ... ...parents, the date and place of birth, and the said schedule shall ... ...certificate between the first and third day of each and every mon... ...physician or practitioner of midwifery, or should no other person ... ...birth of any child shall occur without the attendance of a physi... ...be in attendance upon the mother immediately thereafter it shall ... ...report its birth to the Commissioner of Health, in the manner a... ...or persons who shall hereafter fail to comply with the provisions ... ...for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

A 18226

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* The Child is female
2. *Race or Color, (if not of the white race)* the Child is white
3. *Date of Birth,* Child was Born 4th January
4. *Place of Birth, (Street and Number)* Union Street No. 617
5. *Full Name of Mother,* Minnie Frank
6. *Mother's Maiden Name,* Minnie Bleinberger
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles. J. Frank
9. *Father's Occupation,* now works Shoe Factory Shoe. maker
10. *Father's Birthplace,* harrisburg Pa.

Name of Medical Attendant, or other person who makes this Return. Mrs W. Mamel (Midwife)

Address, 943 Penna Ave

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 18277

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Jan. 6 1890

4. *Place of Birth, (Street and Number)* 800 S. Ann

5. *Full Name of Mother,* Mary Jarkulski

6. *Mother's Maiden Name,* " — Sporcic

7. *Mother's Birthplace,* Austria

8. *Full Name of Father,* Mr. Stanislaus Jarkulski

9. *Father's Occupation,* Laborer

10. *Father's Birthplace,* Austria

Name of Medical Attendant, or other Person who makes this Return. Anna Gichowski

Address, 803 S. Dallas St

Remarks,

and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate hereto, the first and third day of each and every month to the Office of the Commissioner of Health. In case the births or any cause since occurs without the attendance of a physician or midwife, it shall become the duty of the person or parents of such child to be in attendance upon the mother, immediately thereafter to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the forfeiture of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 18278

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth.* January 6th 1890

4. *Place of Birth, (Street and Number)* 144 Dolphin St

5. *Full Name of Mother,* Mrs Tillie Kreiger

6. *Mother's Maiden Name,* Tillie Decker

7. *Mother's Birthplace,* York, Pa.

8. *Full Name of Father,* Nicholas Kreiger

9. *Father's Occupation,* Carpenter

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return — A. K. Bond M.D.

Address, 311 W. Biddle St

Remarks,

exact register of such birth, and shall enter the same in a book to be kept for that purpose. Every person required by this section to report the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

F. FIET & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 18274

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	white
3. *Date of Birth,*	Jan 16 7 90
4. *Place of Birth, (Street and Number)*	rd 2724 Barton st
5. *Full Name of Mother,*	Ida. Phillips
6. *Mother's Maiden Name,*	Lemm
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Geo Phillips
9. *Father's Occupation,*	Steadora
10. *Father's Birthplace,*	~~Balto~~ Germany
Name of Medical Attendant, or other person who makes this Return.	Sarah J Harrington
Address,	rd 924 Bismil at
Remarks,	

register of such birth, and shall enter the same on a bla
Health. This schedule shall contain a list of the births w
month, and shall set forth as far as the same can be asce
been conferred; its sex, color, the full name and occupati
said schedule shall be delivered, duly signed by the practi
third day of each and every month to the office of the Co
shall occur without the attendance of a physician or prac
attendance upon the mother, immediately thereafter it sh
child to report its birth to the Commissioner of Health, in
any such person or persons who shall hereafter fail to co
jected to the fine of ten (10) dollars for each offence, to be r

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A 18730

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	white
3. Date of Birth	January 9th 1890
4. Place of Birth (Street and Number)	627 George St
5. Full Name of Mother	Florence Friend
6. Mother's Maiden Name	Florence Keener
7. Mother's Birthplace	Balto City
8. Full Name of Father	Charles Friend
9. Father's Occupation	Stationer
10. Father's Birthplace	Balto City
Name of Medical Attendant, or other Person who makes this Return.	J. R. Uhler M. D.
Address	661 W. Fayette St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 1831

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* January 11th 1890
4. *Place of Birth, (Street and Number)* 219 N. Schroeder St.
5. *Full Name of Mother,* Mary Coutts.
6. *Mother's Maiden Name,* Mary Gregory
7. *Mother's Birthplace,* Baltimore, Md.
8. *Full Name of Father,* John F. Coutts.
9. *Father's Occupation,* Boiler Maker.
10. *Father's Birthplace,* Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return. Wm. E. White

Address, 219 N. Schroeder St Baltimore, Md.

Remarks, None.

under whose charge or Superintendence a birth shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

on a black schedule, to be furnished by the Commissioner of
births which have occurred under his or her care during the
be ascertained the full name of each child, if any shall have
ecupation of its parents, the date and place of birth; and the
e practitioner in the form of a certificate between the first and
f the Commissioner of Health. In case the birth of any child
or practitioner of midwifery, or should no other person be in
ter, it shall become the duty of the person or parents of such
alth, in the manner and within the period above required, and
il to comply with the provisions of this section shall be sub-
, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

E 18232

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* January 10 - 1890
4. *Place of Birth, (Street and Number)* Garrett ale 1347
5. *Full Name of Mother,* Anna Jänke
6. *Mother's Maiden Name,* Koop
7. *Mother's Birthplace,* Falkenstein - Ober- Baiern
8. *Full Name of Father,* Johann Jänke
9. *Father's Occupation,* Stevedor
10. *Father's Birthplace,* Falkenstein Ober- Baiern

Name of Medical Attendant, or other person who makes this Return, Johanna Jonske

Address, Garrett ale 1363

Remarks, Locust Point

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

E 182333

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8 d
1. *Sex, (state whether male or female)*	Femal
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jann 10. 1890
4. *Place of Birth, (Street and Number)*	Hull St 1331
5. *Full Name of Mother,*	Emma Lang
6. *Mother's Maiden Name,*	Emma Ozman
7. *Mother's Birthplace,*	Balt
8. *Full Name of Father,*	William Lang
9. *Father's Occupation,*	Patern Maker
10. *Father's Birthplace,*	Balt
Name of Medical Attendant, or other person who makes this Return.	Mrs Ethel
Address,	1619 Cuba St
Remarks,	Balt

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed, by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected, to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A 182234

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 11th 90
4. *Place of Birth, (Street and Number)* 1626 Mulberry St.
5. *Full Name of Mother.* Lillian Emerich
6. *Mother's Maiden Name,* Lillian Reid
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Albert L Emerich
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other Person who makes this Return — Wm. Warrington

Address, 220 N Gilmor St

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

KULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 18236

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 6 Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* The 12 Th January 1890
4. *Place of Birth, (Street and Number)* No 9 Th Constitution st
5. *Full Name of Mother,* Julia Gr. Gram
6. *Mother's Maiden Name,* Julia Donahue
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Frank Gr. Gram
9. *Father's Occupation,* Tobacco
10. *Father's Birthplace,* Ireland ~~Ohio~~ Ohio Same

Name of Medical Attendant, or other person who makes this Return, No 1054 Harford Ave

Address, Bal. Md.

Remarks, 1890

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A 18236

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Jan 12th 1890
4. *Place of Birth, (Street and Number)* 844 Fayette St
5. *Full Name of Mother,* Annie Pyfer Wade
6. *Mother's Maiden Name,* Annie Pyfer
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Henry S Wade
9. *Father's Occupation,* commercial traveller
10. *Father's Birthplace.* Baltimore City

Name of Medical Attendant, or other Person who makes this Return W W Knight

Address, 220 N Eutaw St

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 d
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jann 12. 1890.
4. *Place of Birth, (Street and Number)*	Hull St 1429.
5. *Full Name of Mother,*	Maggie O Connor
6. *Mother's Maiden Name,*	Maggie Henry.
7. *Mother's Birthplace,*	Balt
8. *Full Name of Father,*	John O Connor
9. *Father's Occupation,*	Labour
10. *Father's Birthplace,*	Irland Balt
Name of Medical Attendant, or other person who makes this Return.	Mrs Ethel
Address,	1617 Cuba St
Remarks,	Baltimor

A 1823

register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been omitted) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

D-182-38

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, &c.)	first
1. *Sex,* (*state whether male or female*)	Male
2. *Race or Color,* (*if not of the white race*)	Colored
3. *Date of Birth,*	13th .
4. *Place of Birth,* (*Street and Number*)	Forsette Street. 660.
5. *Full Name of Mother.*	Dilcie, Williams
6. *Mother's Maiden Name.*	
7. *Mother's Birthplace.*	Dandy Spring. Md
8. *Full Name of Father.*	Unknown
9. *Father's Occupation,*	Don't no
10. *Father's Birthplace.*	Don't no
Name of Medical Attendant, or other Person who makes this Return	Thorrell Haymond.
Address,	227 e Dick Street.
Remarks,	Nothing

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 4-18-55

RETURN OF A BIRTH

A 18234

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Mary Elizabeth Williams

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (State whether male or female)* Female
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* Jan 13th 1870
4. *Place of Birth, (Street and Number)* No 5 West Randell st
5. *Full Name of Mother,* Lula A Williams
6. *Mother's Maiden Name,* Lula A Hoover
7. *Mother's Birthplace,* Frederic Co Md
8. *Full Name of Father,* George W Williams
9. *Father's Occupation,* Engineer on B & O R R
10. *Father's Birthplace,* Warren Co. Pa

Name of Medical Attendant, or other person who makes this Return. Dr Hinton

Address, No 1644 South Charles st

Remarks,

Physicians and midwives are required to register the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 18240

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colerd
3. Date of Birth, January 19
4. Place of Birth, (Street and Number) otier averew 802
5. Full Name of Mother, nancy lee
6. Mother's Maiden Name, Nancy stanly
7. Mother's Birthplace, exet County
8. Full Name of Father, Charly stanly
9. Father's Occupation, labur
10. Father's Birthplace, Cambridge

Name of Medical Attendant, or other person who makes this Return, sarrah Jane Wilson

Address, No 115 Slurey st

Remarks,

Baltimore under whose charge or superintendance a birth shall hereafter take place shall keep a correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner Health. This schedule shall contain a list of the births which have occurred under his or her care during t month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall ha been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and t said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first an third day of each and every month to the office of the Commissioner of Health. In case the birth of any chi shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be i attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of suc child to report its birth to the Commissioner of Health, in the manner and within the period above required, an any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sui jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverabl

JAN 15

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 18211

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* w Lite
3. *Date of Birth,* January 14 1890
4. *Place of Birth, (Street and Number)* Thaims st 1707
5. *Full Name of Mother,* Mary Payek
6. *Mother's Maiden Name,* Chopstein
7. *Mother's Birthplace,* Bohimian
8. *Full Name of Father,* Frank Chopstein
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Bohiman

Name of Medical Attendant, or other person who makes this Return. Mary Kopstin

Address, Washington 205

Remarks,

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 18347

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	Jan 9th 1889
4. *Place of Birth, (Street and Number)*	200 Bayard St
5. *Full Name of Mother,*	Bridget Cavanaugh.
6. *Mother's Maiden Name,*	" Carroll
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	Patrick Cavanaugh
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other person who makes this Return.	Mrs Mary Horgan
Address,	412 Scott St
Remarks,	

SECTION 7.—And be it further enacted and ordained that every person practicing [illegible] Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery within the limits of Baltimore city, shall keep a true and correct register of all births which may hereafter take place, shall keep a true and correct register of such births, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. The midwife shall certify a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner or midwife, the person who shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and by such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

A. 18743

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8va
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	Jan 11th
4. *Place of Birth, (Street and Number)*	112 Washington Ave
5. *Full Name of Mother,*	Sallie Melville
6. *Mother's Maiden Name,*	" Hallings
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	William Melville
9. *Father's Occupation,*	Stonecutter
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	" Mrs. Mary Hanigan
Address,	No 412 Scott St
Remarks,	

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered duly signed by the practitioner in the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	Jan 12th
4. *Place of Birth, (Street and Number)*	Parkin St 105
5. *Full Name of Mother,*	Ellen Stevens
6. *Mother's Maiden Name,*	" Carvel
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	M. H. Stevens
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other person who makes this Return.	Mrs Mary Hennessy
Address,	412 Scott St
Remarks,	

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 182465

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Both Male

2. *Race or Color, (if not of the white race)* White Family Sale

3. *Date of Birth,* 1st January 1890

4. *Place of Birth, (Street and Number)* 2021 E. Exeter Street

5. *Full Name of Mother,* Goldie Sapperstein

6. *Mother's Maiden Name,* " Zosken

7. *Mother's Birthplace,* Russia

8. *Full Name of Father,* Morris Sapperstein

9. *Father's Occupation,* Tailor

10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return. E. Schermann

Address, Albemarle St. N 103.

Remarks, Twins

a blank schedule, to be furnished by the Commissioner of
irths which have occurred under his or her care during the
e ascertained the full name of each child, if any shall have
upation of its parents, the date and place of birth; and the
practitioner in the form of a certificate between the first and
he Commissioner of Health. In case the birth of any child
r practitioner of midwifery, or should no other person be in
r it shall become the duty of the person or parents of such
th, in the manner and within the period above required, and
to comply with the provisions of this section shall be sub-
to be recovered as other fines and forfeitures are recoverable.

register of such birth, and shall enter the same on a bl
Health. This schedule shall contain a list of the births w
month, and shall set forth as far as the same can be ascer
been conferred) its sex, color, the full name and occupatio
said schedule shall be delivered, duly signed by the practi
third day of each and every month to the office of the Co
shall occur without the attendance of a physician or prac
attendance upon the mother, immediately thereafter it sh
child to report its birth to the Commissioner of Health, in
any such person or persons who shall hereafter fail to co
jected to the fine of ten (10) dollars for each offense, to be r

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 18246

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female Becca
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 1st January 1890
4. *Place of Birth, (Street and Number)* 175 Harrison Street
5. *Full Name of Mother,* Yale Gotlenake
6. *Mother's Maiden Name,* " Bietzman
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Jake Gotlenake
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return. Ed Sherman

Address, Albemarle st N 103.

Remarks,

a blank schedule, to be furnished by the Commissioner of
births which have occurred under his or her care during the
ascertained the full name of each child, if any shall have
upation of its parents, the date and place of birth; and the
practitioner in the form of a certificate between the first and
the Commissioner of Health. In case the birth of any child
r practitioner of midwifery, or should no other person be in
r it shall become the duty of the person or parents of such
th, in the manner and within the period above required, and
to comply with the provisions of this section shall be sub-
to be recovered as other fines and forfeitures are recoverable.

register of such birth and shall enter the same on a bla
Health. This schedule shall contain a list of the births w
months, and shall set forth as far as the same can be ascer
been conferred) its sex, color, the full name and occupatio
said schedule shall be delivered, duly signed by the practit
third day of each and every month to the office of the Co
shall occur without the attendance of a physician or prac
attendance upon the mother, immediately thereafter it sh
child to report its birth to the Commissioner of Health, in
any such person or persons who shall hereafter fail to co
jected to the fine of ten (10) dollars for each offense, to be

JAN 16

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Anita Elizabeth Frank

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 th Child A 18247

1. *Sex, (state whether ~~male or~~ female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 3th 1890 (1006)
4. *Place of Birth, (Street and Number)* Eastern Ave No ~~1005~~
5. *Full Name of Mother,* Elisabeth Frank
6. *Mother's Maiden Name,* Elisabeth Muhle
7. *Mother's Birthplace,* Freinshein. Prussia Germany
8. *Full Name of Father,* Gustav Frank
9. *Father's Occupation,* Barber
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return, Mary E. Müller

Address, N. Dallas St No 114

Remarks, GIVEN NAME ADDED 1-29-54 L.M.

JAN 16

Baltimore under whose charge or superintendence a birth shall occur shall register the same on a blank schedule, to be furnished by the Board of Health. This schedule shall contain a list of the births which have occurred during the month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth, whether said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the third day of each and every month to the office of the Commissioner of Health. In case the birth shall occur without the attendance of a physician or practitioner of midwifery, or should no other person in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner or other person who shall have attended upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

JAN 16 1900

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 18248

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* Jan 3rd 1900
4. *Place of Birth, (Street and Number)* #519 N Chester St
5. *Full Name of Mother,* Mary Pedazzi Grothaus
6. *Mother's Maiden Name,* Mary Pedazzi
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* David Grothaus
9. *Father's Occupation,* Insurance Agent
10. *Father's Birthplace,* Baltimore.

Name of Medical Attendant, or other person who makes this Return. J. Mc. Carville M.D.

Address, 1806 E. Baltimore St

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the attendance upon the mother, immediately thereafter, in the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

A 18349

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child

1. *Sex, (state whether male ~~or female~~)*
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* January 3 th 1890
4. *Place of Birth, (Street and Number)* S. Dallas St No 128
5. *Full Name of Mother,* Laura Henry
6. *Mother's Maiden Name,* Laura Dorden
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Charles J. Henry
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Balto City

Name of Medical Attendant, or other person who makes this Return. Mary E. Müller

Address, N. Dallas St No 114

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 18250

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 4th. 90
4. *Place of Birth, (Street and Number)* 25 S. Arlington Ave
5. *Full Name of Mother,* Margaret St. Leger
6. *Mother's Maiden Name,* Margaret McGowan
7. *Mother's Birthplace,* Baltimore, Md.
8. *Full Name of Father,* James H. St. Leger
9. *Father's Occupation,* Horse Shoer
10. *Father's Birthplace,* Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return. H. C. Ohlz, M. D.

Address, 1203 W. Fayette St.

Remarks,

Baltimore ... a blank schedule, to be furnished by the Commissioner of ... register of such birth, and shall enter the same on a bla... Health. This schedule shall contain a list of the births w... month, and shall set forth as far as the same can be ascer... been conferred) its sex, color, the full name and occupatio... said schedule shall be delivered, duly signed by the practiti... third day of each and every month to the office of the Co... shall occur without the attendance of a physician or prac... attendance upon the mother, immediately thereafter, it sh... child to report its birth to the Commissioner of Health, in ... any such person or persons who shall hereafter fail to com... jected to the fine of ten (10) dollars for each offense, to be r... a blank ... have occurred under his or her care during the ... ascertained the full name of each child, (if any shall have ... upation of its parents, the date and place of birth; and the ... practitioner in the form of a certificate between the first and ... the Commissioner of Health. In case the birth of any child ... r practitioner of midwifery, or should no other person be in ... r it shall become the duty of the person or parents of such ... th, in the manner and within the period above required, and ... to comply with the provisions of this section shall be sub... to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A. 1892

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Sixth. (6th)
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jany. 4th 1890.
4. *Place of Birth, (Street and Number)*	1001 Linden Avenue
5. *Full Name of Mother,*	Catherine Kohlhepp
6. *Mother's Maiden Name,*	Vondrdul.
7. *Mother's Birthplace,*	Baltimore, Md.
8. *Full Name of Father,*	A. Kohlhepp
9. *Father's Occupation,*	Dinner.
10. *Father's Birthplace,*	Baltimore, Md.
Name of Medical Attendant, or other Person who makes this Return.	Louis W. Knight M.D.
Address,	414 N. Greene St.
Remarks,	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 18252

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex, (state whether male or female)* Male Jake
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 6th January
4. *Place of Birth, (Street and Number)* 202 S. Watow Street
5. *Full Name of Mother,* Becca Levy
6. *Mother's Maiden Name,* Becca Bonket
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Luiez Levy
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Ed Scherman

Address, Albemarle st N 103

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 18756

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (State whether ~~male or~~ female)*
2. *Race or color, (if not of the white race)*
3. *Date of Birth,* Jan. 6th 1890
4. *Place of Birth, (Street and Number)* 1390 Stockton Street
5. *Full Name of Mother,* Pauline Hermann
6. *Mother's Maiden Name,* Pauline Berge
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Fred. Hermann
9. *Father's Occupation,* Horsecar-Driver
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. J. Williams Love M.D.

Address, 601 W. Franklin Street

Remarks,

ister of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of alth. This schedule shall contain a list of the births which have occurred under his or her care during the onth, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have en conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the d schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and rd day of each and every month to the office of the Commissioner of Health. In case the birth of any child all occur without the attendance of a physician or practitioner of midwifery, or should no other person be in endance upon the mother, immediately thereafter it shall become the duty of the person or parents of such ld to report its birth to the Commissioner of Health, in the manner and within the period above required, and y such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- ted to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. 1825

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9 th Child

1. *Sex, (state whether male ~~or female~~)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 19 th 1890
4. *Place of Birth, (Street and Number)* S. Bethel St 406
5. *Full Name of Mother,* Lizzie Kratz
6. *Mother's Maiden Name,* Lizzie Beck
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* George Kratz
9. *Father's Occupation,* Cooper
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return. Mary E. Müller

Address, N. Dallas St No 414

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 18255

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th Child

1. *Sex, (state whether ~~male or~~ female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 9 th 1890
4. *Place of Birth, (Street and Number)* S. Bethel St № 720
5. *Full Name of Mother,* Katharina Jerscheid
6. *Mother's Maiden Name,* Katharina Gros
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Michael Jerscheid
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return, Mary E. Müller

Address, N. Dallas St № 114

Remarks,

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on :: blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained :the full name of each child, :if any shall have been :: its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 1826

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether male or ~~female~~),*
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* Jan 12th
4. *Place of Birth (Street and Number),* 117 S Charles
5. *Full Name of Mother,* Maggie Buckler
6. *Mother's Maiden Name,* Strauss
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Albert J. Buckler
9. *Father's Occupation,* Book Binder
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Geo. L. Strauss M.D.

Address, 9. E. Montgomery St.

Remarks,

more under whose charge or superintendence a birth shall occur, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month. And shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

a blank schedule, to be furnished by the Commissioner of
births which have occurred under his or her care during the
e ascertained the full name of each child, if any shall have
upation of its parents, the date and place of birth; and the
practitioner in the form of a certificate between the first and
the Commissioner of Health. In case the birth of any child
r practitioner of midwifery, or should no other person be in
r it shall become the duty of the person or parents of such
th, in the manner and within the period above required, and
to comply with the provisions of this section shall be sub-
be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 18754

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 14th. 90
4. *Place of Birth, (Street and Number)* 18 S. Arlington Ave.
5. *Full Name of Mother,* Mary L. Baylis
6. *Mother's Maiden Name,* Mary L. Jaeger
7. *Mother's Birthplace,* Bruken, Germany
8. *Full Name of Father,* John H. Baylis
9. *Father's Occupation,* Stone cutter
10. *Father's Birthplace,* Washington, D.C.

Name of Medical Attendant, or other person who makes this Return. N.C. Olds, M.D.

Address, 1203 W. Fayette St.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 18258

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* colored
3. *Date of Birth,* Jan 16 1890
4. *Place of Birth (Street and Number),* 1015 Gelston Court Ball
5. *Full Name of Mother,* Mattie Wilson
6. *Mother's Maiden Name,* Mattie Diggs
7. *Mother's Birthplace,* Stanton Virginia
8. *Full Name of Father,* Wm. R. Wilson
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return. Rebecca Greenwood

Address, 1033 Wagon alley

Remarks,

Register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

The Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A. 1825

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 D.
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	W.
3. *Date of Birth,*	Jan 2. 1890
4. *Place of Birth, (Street and Number)*	818 N. Eutaw St.
5. *Full Name of Mother,*	Margie M. Waunstaee
6. *Mother's Maiden Name,*	Finch
7. *Mother's Birthplace,*	East Pork Tne
8. *Full Name of Father,*	Alford Waunstaee
9. *Father's Occupation,*	Physician
10. *Father's Birthplace,*	Singleton Co. Pa.
Name of Medical Attendant, or other Person who makes this Return.	Alford Waunstaee Md
Address,	818 N. Eutaw St
Remarks,	

salvise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN D. PIET, PRINTER & STATIONER, BALT.

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 18760

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* boy
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* January 3 1880
4. *Place of Birth, (Street and Number)* Chapple st 3
5. *Full Name of Mother,* Mary Davis
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Germen
8. *Full Name of Father,* Johan Davis
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Germen

Name of Medical Attendant, or other person who makes this Return. Mary Koster

Address,

Remarks, Washington

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6L A. 18261

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 3d Jan
4. *Place of Birth, (Street and Number)* 1217 N. Caroline st
5. *Full Name of Mother,* Fanny Fowler
6. *Mother's Maiden Name,* " Hayes
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* William H Fowler
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. Dr Julia Emma Gaut

Address, 944 N. Gay st

Remarks,

Baltimore under whose charge or superintendence such birth shall hereafter take place shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A. 18267

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan. 4th 1890
4. *Place of Birth, (Street and Number)* 130 W. Lee St.
5. *Full Name of Mother,* Mary E. Denton
6. *Mother's Maiden Name,* [illegible] Cook
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* James H. Denton
9. *Father's Occupation,* Sea Captain
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other Person who makes this Return — Wm Gormley M.D.

Address, 128 W. Lee St.

Remarks,

...ty of Baltimore, shall report to the registrar aforesaid, ...the date of birth, sex, and color of the child or children ...within six days thereafter, stating distinctly the ... born, its or their physical condition, whether still-born or not, the full name, nativity, and residence ...of the parents, and the maiden name of the mother ...other of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1863

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Che A.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 4 1890
4. *Place of Birth, (Street and Number)* 1907 Concord St
5. *Full Name of Mother,* Mary Brady
6. *Mother's Maiden Name,* Mary Roddy
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Thomas Brady
9. *Father's Occupation,* Horse Shoer
10. *Father's Birthplace,* Louisiana

Name of Medical Attendant, or other person who makes this Return. Dr. Madden

Address, 936 Greenmount Ave

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

ance a birth shall hereafter take place, shall keep a true and correct
me on a blank schedule, to be furnished by the Commissioner of
the births which have occurred under his or her care during the
can be ascertained the full name of each child, if any shall have
nd occupation of its parents, the date and place of birth; and the
y the practitioner in the form of a certificate between the first and
ce of the Commissioner of Health. In case the birth of any child
class or practitioner of midwifery, or should no other person be in
hereafter it shall become the duty of the person or parents of such
Health, in the manner and within the period above required, and
er fail to comply with the provisions of this section shall be sub-
ense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A. 1890

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 5th 1890
4. *Place of Birth, (Street and Number)* 624 N Caroline
5. *Full Name of Mother,* Betty Watson
6. *Mother's Maiden Name,* Burke
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Hugh Watson
9. *Father's Occupation,* Clerk B. M & R R R
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return. James Whitefordd M D

Address, E. 819 Aliceanna St

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 18265

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	second
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	Jan 5 / 8 10
4. *Place of Birth, (Street and Number)*	226 Carlton st
5. *Full Name of Mother,*	Rosey E Parks
6. *Mother's Maiden Name,*	Rosey E Smith
7. *Mother's Birthplace,*	Baltimae
8. *Full Name of Father,*	Geage Parker
9. *Father's Occupation,*	Waiter
10. *Father's Birthplace,*	Baltimae
Name of Medical Attendant, or other person who makes this Return.	Mary E Jones
Address,	1121 Saratoga st
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

birth shall hereafter take place, shall keep a true and correct
a blank schedule, to be furnished by the Commissioner of
births which have occurred under his or her care during the
ascertained the full name of each child, if any shall have
nuption of its parents, the date and place of birth; and the
practitioner in the form of a certificate between the first and
the Commissioner of Health. In case the birth of any child
practitioner or midwifery, or should no other person be in
r it shall become the duty of the person or parents of such
th, in the manner and within the period above required, and
to comply with the provisions of this section shall be sub-
to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 18261

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Jan 5 1890
4. *Place of Birth, (Street and Number)* 1106 Harmony Lane
5. *Full Name of Mother,* Fannie Adams
6. *Mother's Maiden Name,* Fannie Adams
7. *Mother's Birthplace,* Sow Hill Md
8. *Full Name of Father,* William Grant
9. *Father's Occupation,* Barber
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Mary E Bowen

Address, 1121 Saratoga St

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 1890

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colord
3. *Date of Birth,* Jan 6th 1890.
4. *Place of Birth, (Street and Number)* Baltimore 1622 E Hing St
5. *Full Name of Mother,* Ellen Middleton
6. *Mother's Maiden Name,* Ellen Gribbin
7. *Mother's Birthplace,* Eastern Shore Maryland
8. *Full Name of Father,* Johnson W. Middleton
9. *Father's Occupation,* Dealer in Oysters
10. *Father's Birthplace,* Frederick Co. Md.

Name of Medical Attendant, or other person who makes this Return. Mary E Jones

Address, 1121 Dartaga St Baltimore Md.

Remarks,

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and place of birth; and the said schedule shall be delivered, duly signed by the third day of each and every month to the office of shall occur without the attendance of a physician attendance upon the mother, immediately thereafter child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 18268

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	1st Jan,
4. *Place of Birth, (Street and Number)*	1615 E Monument st
5. *Full Name of Mother,*	Kate Fink
6. *Mother's Maiden Name,*	" Wilhelm
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	John Fink
9. *Father's Occupation,*	Cabinet maker
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return.	Mrs Julia Groves
Address,	940 N Gay st
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 18269

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (State whether male or female)* female
2. *Race or color, (if not of the white race)* Color
3. *Date of Birth,* January 8 1890
4. *Place of Birth, (Street and Number)* 232 Forrest Street
5. *Full Name of Mother,* Sally Webster
6. *Mother's Maiden Name,* Sally Johnson
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Webster
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Harriet Jackson

Address, No 137 Est street Baltimore Md

Remarks,

register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner or midwife, to the office of the Commissioner of Health, in the manner and within the period above required, and shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 18270

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) (1st) first

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* January 8th 1890
4. *Place of Birth (Street and Number),* 20 S. Green St
5. *Full Name of Mother,* Elizabeth Young
6. *Mother's Maiden Name,* Elizabeth Kuhl
7. *Mother's Birthplace,* Washington D.C.
8. *Full Name of Father,* Louis Young
9. *Father's Occupation,* Restaurant Keeper
10. *Father's Birthplace,* Baltimore City Md

Name of Medical Attendant, or other person who makes this Return. J. C. Hummer

Address, 212. W. Franklin St

Remarks,

SECTION 1. Any physician or midwife in charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 1871

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 8th 1890
4. *Place of Birth, (Street and Number)* 23 E Fremont St
5. *Full Name of Mother,* Matilda R. Rogers
6. *Mother's Maiden Name,* Matilda R Seedicum
7. *Mother's Birthplace,* Baltimore County Md
8. *Full Name of Father,* Jno. W. Rogers
9. *Father's Occupation,* Furniture remover
10. *Father's Birthplace,* Balto City Md

Name of Medical Attendant, or other person who makes this Return. Jno Hunter

Address, Jno. W. Rogers 23 E Fremont. Balto.

Remarks, 23 W Pennsylvania

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

A 182771

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 10th 1890.
4. *Place of Birth, (Street and Number)*	Balto. # 1911. Forth Avenue
5. *Full Name of Mother,*	Annie M. Beer
6. *Mother's Maiden Name,*	Annie M. Edwards
7. *Mother's Birthplace,*	Baltimore City Md.
8. *Full Name of Father,*	John F. Beer
9. *Father's Occupation,*	Brass & Iron finisher
10. *Father's Birthplace,*	Pittsburg
Name of Medical Attendant, or other person who makes this Return.	Mrs Mary Ann Schaefer
Address,	No 731 Lower Forland Street
Remarks,	Satisfaction given

Physicians and midwives are required to superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 1873

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* boy
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* January 10 1890
4. *Place of Birth, (Street and Number)* Durham 811
5. *Full Name of Mother,* Anna Kaiserkam
6. *Mother's Maiden Name,* Plzek
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* John Plzek
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other person who makes this Return. Thos Dorsey

Address, Washington 205

Remarks,

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contains a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

B. 1074

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* January 10 1890
4. *Place of Birth, (Street and Number)*
5. *Full Name of Mother,* Barbara Biefsler
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Germen
8. *Full Name of Father,* Joseph Biefsler
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Germen

Name of Medical Attendant, or other person who makes this Return. Mary Krepts

Address,

Remarks, Westinghouse

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 18775

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* January 11 1890
4. *Place of Birth, (Street and Number)* McElderry st 2202
5. *Full Name of Mother,* Mary Mama
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Germer
8. *Full Name of Father,* Pater Mama
9. *Father's Occupation,* Sailor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mary Mapter

Address, Washington 205

Remarks,

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 18776

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* girl
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* January 11 1890
4. *Place of Birth, (Street and Number)* Fayette St 2029
5. *Full Name of Mother,* Maggie Knenstein
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Albert Knenstein
9. *Father's Occupation,* Salon
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mary Krafts

Address,

Remarks, Washington 205

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 18277

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 11th 1890
4. *Place of Birth, (Street and Number)*	858 W Lexington St
5. *Full Name of Mother,*	Hennie Stern
6. *Mother's Maiden Name,*	Hennie Lazarus
7. *Mother's Birthplace,*	Richmond Virginia
8. *Full Name of Father,*	Samuel Aaron Stern
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	Philadelphia Pa
Name of Medical Attendant, or other person who makes this Return.	P. S. Field M.D
Address,	*642 N Fulton Ave
Remarks,	

SEC. [illegible]—And be it further enacted and ordained, that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 18278

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (State whether male or female)* Femal
2. *Race or color, (if not of the white race)* Colored
3. *Date of Birth,* Jan 11th 1890
4. *Place of Birth, (Street and Number)* 1228 Division st
5. *Full Name of Mother,* Ella Thompson
6. *Mother's Maiden Name,* Ella Simms
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Allen W. Thompson
9. *Father's Occupation,*
10. *Father's Birthplace,* Reisters Town Md

Name of Medical Attendant, or other person who makes this Return. Jas L. Easton

Address, 10 E Hamilton st

Remarks,

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child. If any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 18779

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	June 11" 90
4. *Place of Birth, (Street and Number)*	1025 William St.
5. *Full Name of Mother,*	Maggie Russell
6. *Mother's Maiden Name,*	Mullen
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Jas. H. Russell
9. *Father's Occupation,*	Ship Carpenter
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	W. H. Webster
Address,	403 Hanover St
Remarks,	

SECTION 6.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of midwifery, or of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & SON, CITY PRINTERS AND STATIONERS.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall occur without the attendance of a physician or practitioner of medicine, shall within ten days after the occurrence of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH A 18780

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9 Child.
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Jan 11 — 1890.
4. *Place of Birth, (Street and Number)*	1038 Johnson st.
5. *Full Name of Mother,*	Barbara Reis.
6. *Mother's Maiden Name,*	Wehner.
7. *Mother's Birthplace,*	America.
8. *Full Name of Father,*	Nicolus Reis.
9. *Father's Occupation,*	Ship-carpenter.
10. *Father's Birthplace,*	America.
Name of Medical Attendant, or other person who makes this Return.	J. Lohwasser. Midwife.
Address,	1032 Hanover st.
Remarks,	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A. 18781

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (*state whether* 1st, 2d, 3d, &c.)	1st
1. *Sex,* (*state whether male or female*)	Male (George H Hamilton)
2. *Race or Color,* (*if not of the white race*)	Colored
3. *Date of Birth,*	Jan 11th 1890
4. *Place of Birth,* (*Street and Number*)	758 Sarah Ann Et
5. *Full Name of Mother,*	Emma Hamilton
6. *Mother's Maiden Name,*	Emma Walker
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	Geo. H. Hamilton
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return	Minnie Taylor
Address,	762 Sarah Ann
Remarks,	Minnie Taylor

O DULANY & CO., CITY PRINTERS AND STATIONERS

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense; to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 18282

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 12 1890
4. *Place of Birth, (Street and Number)* 2042 Wilkins ave.
5. *Full Name of Mother,* Constance Hubbard
6. *Mother's Maiden Name,* Constance Simmons
7. *Mother's Birthplace,* Norfolk Virginia
8. *Full Name of Father,* Joseph. Hubbard
9. *Father's Occupation,* Undertaker
10. *Father's Birthplace,* Norfolk Virginia

Name of Medical Attendant, or other person who makes this Return. Agnes Ebbe

Address, 2042 Wilkins Ave

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 1878

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	January 12, 1890
4. *Place of Birth, (Street and Number)*	5 Broadway Court No 15
5. *Full Name of Mother,*	Eliza Jane Young
6. *Mother's Maiden Name,*	Eliza Jane Jackson
7. *Mother's Birthplace,*	Eastern Shore Talbot County Md
8. *Full Name of Father,*	Charles Henry Young
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	St Marys County
Name of Medical Attendant, or other Person who makes this Return.	Susan Finlayson
Address,	710 123 N Durham St
Remarks,	

SECTION 7.—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other dues and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH A 18284

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 7.—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d, &c~~.)

1. Sex, (state whether male or female) Female
2. Race or Color, (if ~~not of the white race~~) White
3. Date of Birth, January 18th 1890
4. Place of Birth, (Street and Number) 221 n St Paul
5. Full Name of Mother, Lillie R Preston
6. Mother's Maiden Name, " Rogers
7. Mother's Birthplace, Phila
8. Full Name of Father, Cecil Preston
9. Father's Occupation, Engineer
10. Father's Birthplace, Phila

Name of Medical Attendant, or other Person who makes this Return. C R Gamble MD

Address, 921 E Catb

Remarks Complicated with Pneumonia

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 18788

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2. Child.
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Jan 13 1890.
4. *Place of Birth, (Street and Number)*	107 Little Church st
5. *Full Name of Mother,*	Lena Full.
6. *Mother's Maiden Name,*	Keim.
7. *Mother's Birthplace,*	America.
8. *Full Name of Father,*	Lorenz Full.
9. *Father's Occupation,*	Laborer.
10. *Father's Birthplace,*	America.
Name of Medical Attendant, or other person who makes this Return.	J. Schwasser. Midwife.
Address,	1832 Hanover st.
Remarks,	

SECTION 1.—And be it enacted, that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

"That any physician, accoucheur midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

A. 18786

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth (5th)

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Wednesday. January 8th 1890 - (8.15 A.M.)
4. *Place of Birth, (Street and Number)* 313 W. Preston St
5. *Full Name of Mother.* Mary L. Wemmert
6. *Mother's Maiden Name.* Mary L. Russell
7. *Mother's Birthplace.* Baltimore City
8. *Full Name of Father.* William Wemmert
9. *Father's Occupation,* Paper hanger
10. *Father's Birthplace.* Baltimore City

Name of Medical Attendant, or other Person who makes this Return — Edw. Welch M.D.

Address, Park Ave & Mulberry St

Remarks, Dentist

C. DELANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th child

1. *Sex, (state whether male or female)* male A. 1878

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Jan 9th 70

4. *Place of Birth, (Street and Number)* 1734 Patapsco Ave.

5. *Full Name of Mother,* Maggie Koerber Lauterbach

6. *Mother's Maiden Name,* Maggie Koerber

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* John Lauterbach

9. *Father's Occupation,* Baker

10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other Person who makes this Return H. W. Nolte

Address, 403 Hanover St.

Remarks,

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 187 88

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* Mulatto

3. *Date of Birth,* Jan. 9th 1890

4. *Place of Birth, (Street and Number)* 139 N. Front St.

5. *Full Name of Mother,* Kate Healy

6. *Mother's Maiden Name,* " Lynch

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* William F. Malone

9. *Father's Occupation,* Cook

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. Warden

Address, 936 Greenmount Ave

Remarks,

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A. 18784

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 10th
4. *Place of Birth, (Street and Number)* Cross St, 375
5. *Full Name of Mother,* Mary Ellen Mooney
6. *Mother's Maiden Name,* Sweeney
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John D. Mooney
9. *Father's Occupation,* Shoe Dealer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Susan Hunter

Address, 23 N Paynetta St

Remarks,

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth, and the sex, color, the full name and occupation of each child, if any shall have been conferred) its said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

CITY HALL
BALTIMORE 2, MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

CERTIFICATION

THIS IS TO CERTIFY THAT ON THIS 6th DAY Jan.
OF 1964 THE MICROPHOTOGRAPHS APPEARING
HEREIN STARTING WITH #A16901 AND
ENDING WITH #A18289 ARE ACCURATE AND COMPLETE REPRODUCTIONS OF THE
RECORDS OF THE DEPARTMENT OF Health
BUREAU OF Vital Statistics AS DELIVERED
IN THE REGULAR COURSE OF BUSINESS FOR
PHOTOGRAPHING, AND THAT:

TO THE BEST OF MY KNOWLEDGE THE MICROFILM
MEETS THE REQUIREMENTS OF THE NATIONAL BUREAU
OF STANDARDS FOR PERMANENT MICROPHOTOGRAPHIC
COPY.

CAMERA OPERATOR: D McFaul



END OF REEL